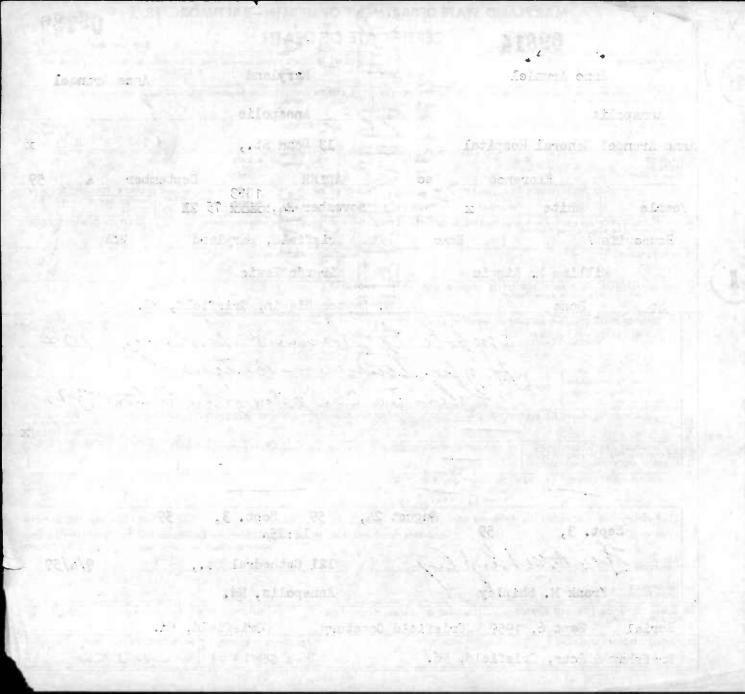
# funeral director, uld be filed with

TO HOSPITAL OR ATTENDING PHYSICIAIN: The four response to the hospital or attending physician and completely filled in by the function of the following the hospital or attending physician and completely filled in by the function of the following the following the following the following following the following following the following following the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

	098	14	CERTIF	ICAT	E OF DEA	TH		Reg. D	ist. No.	6	.,
1. PLACE OF DEATH o. COUNTY	Anne Arund	1	MARYLA		usual RESIDENCE	Where decease	d lived. If instituti b. COUNTY		nce befo		
b. CITY OR TOWN RURAL and give		its, write	c. LENGTH OF STAY IN	1 1ь		(If autside carpe	orate limits, write R				
d. NAME OF ROSP OR INSTITUTION	ITAL (If not in hospital,				d. STREET ADDRES	SS		-By-1		ON A	SIDENCE A FARM? NO TO
3. NAME OF DECEASED (Type or print)	Fi	ence	Middle Iee		ADLER	4. DATE OF DEATH	Mar Septe		Da		Year 19 <b>59</b>
5. SEX Female	6. COLOR OR RACE White	7. MARRI	ED NEVER MARRIED		ovember 2	1883 4. x 1879	9. AGE (In years last birthday) 75 79 yrs.	Months	R 1 YEAR Days	IF UND Hours	ER 24 HRS Min.
10a. USUAL OCCUPAT	ON (Give kind of wark rking life, even if retired	dane 10b.	KIND OF BUSINESS OR Home		11. BIRTHPLACE (	1,,	country)	12. CIT	IZEN OF	WHAT	COUNTRY
13. FATHER'S NAME				1.	MOTHER'S MAID						
	William M. ER IN U. S. ARMED FO	100000		INITO	Miranda	Lew1s		fress			
(Yes, no, or unknown)	(If yes, give war or dates of		SOCIAL SECURITY NO.	-	yton Rig	ada Cud					
Canditians, if gave rise to couse (a), stating lying couse last  PART II. O'	immediate the <u>under-</u> DUE TO	1 -2	ONTRIBUTING TO DEAT	HIBUT NO	CUD T	Rou f	Le lle	LLO VEN IN PAI	RT 1(a)	PERFO	AUTOPSY DRMED?
PART II. OT	AS UNDERLYING  G  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED. (E	nter nature of injur	ry in Port I ar Pa	rt II af item 18.)				
20c. TIME OF INJU Haur a.m. p. m.		While	JURY OCCURRED  Not white at wark	0e. PLACE factory	OF INJURY (Home, , street, affice bldg	form, 20f. (Cit	y ar tawn) —		(Caunty)		(State
	hot I offended the pt. 3,  Frank M. S.	1959 the	and from August of the desired of th	-	curred ot 12:	25M, fram	the causes ar street, city or town, St.,	nd an th		state	
220. BURIAL, CREMATI REMOVAL (Specify Burial	Sept 6,		22c. NAME OF CEMETE				TION (City, town,	•		(Sta	te)
23. FUNERAL DIRECTO Bradshaw	e's signature & Sons, Ci	isfie	ADDRESS		- 101	REC'D BY REGIS		istrar's si			



er death.

the registrar prior to burial, cremation, or removal, and in any event within detoched for use as the burial-transit permit.

TO FUNERAL DIF

VS A1S (4) 1SM 9/5B

09845

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Anne	Arundel	MARYLAND	2. USUAL RESIDENCE (W g. STATE Marvland	b	If institution: Residence COUNTY  Anne A		nission)
RURAL ond give	(If outside corporate limits, write neorest town) Burnke	c. LENGTH OF STAY IN 16	c. city or town (if	outside corporate lim			wn)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in haspital, give street		d. STREET ADDRESS 2 2nd Ave			e. IS F ON YES	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	John	Gordon A	lexander	4. DATE OF DEATH	Manth Sept.	Doy 16.	Year 1959
s. sex Male	6. COLOR OR RACE 7. MARE WIDOW	_	B. DATE OF BIRTH March 9. 1	9. AGE lost 69	(In years IF UND) birthday) Months	ER 1 YEAR IF UN	1
10a. USUAL OCCUPA during mast of w Pnysic	TION (Give kind of work done 10b. orking life, even if retired)	kind of Business or Induded. Profess				USA	T COUNTRY?
13. FATHER'S NAME	Alexander		14. MOTHER'S MAIDEN				
	VER IN U. S. ARMED FORCES? 16.	social security no.	Mary INFORMANT Mrs Emily	Vredent	Address	28 2	
	immediate ag the under-	uspir (o), (b), and (c).]	y fail a	ue		INTERVAL ONSET AN	
ICATIC	THER SIGNIFICANT CONDITIONS					ART 1(o) 19. WA PER YES	FORMED?
	WAS UNDERLYING THE CAUSE OF DEATH FY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	D. (Enter noture of injury in	Port I ar Part II of I	rem Ib.)		
20c. TIME OF INJ Haur a. n p. n	. While	Not while fo	LACE OF INJURY (Home, fara actary, street, office bldg., et		n)	(County)	(State)
21. I certify alive an John Actual SIGNATURE PHYSICIAN'S NAME (Type)	Sept 195  Sept 195  Sewal Tret  Gene D. Tret		19.59, ta h accurred at/2.35 A	M, from the co		he date stat	deceased ed abave. ATE SIGNED
	10N, 22b. DATE THEREOF (y) 9/19/59,	22c. NAME OF CEMETERY OF	or crematory n Memorial		ity, town, or county	) (s Md.	late)
23. FUNERAL DIRECTO	g and Kirkley,	Glen Burni		P 2 1 '59	24b. REGISTRAR'S		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DEPUTY MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for each first death of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

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DICAL EXAMINER: This certificate should be executed within 24 hours after	42	ded to the Chief Medical Examiner's Office along with form PM3. P
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTH	MORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DI	EATH

114215	Keg. Dist. No.
1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
ANNE ARUNDEL MARYLAND	o.staryland b.county Arundel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ANNAPOLIS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
226 Wardour Drive	226 Wardour Drive
3. NAME OF DECEASED First Middle (Type or print) FRANCES E. BALDRIDGE	Losi 4. DATE Month Doy Year OF DEATH SEPTEMBER 29 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE III years IF UNDER 1YEAR IF UNDER 24 HRS
Female White WIDOWED KK DIVORCED	March 14, 1885 Total birthdoy) Total Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
House wife Own Home	New York City, N.Y. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elward Smith	Frances Gairns
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	pt Elwood F. Baldridge- Son- same as # 2
Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  DUE 70  Couse lost.	Cardiac Vascular Disease () hedden
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY PERFORMED?  YES \( \subseteq \text{ NO \( \subseteq \)} \)
	(Enter noture of injury in Part I or Part II of item 18.)
Hour OCK 9-29-59 19 While of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I took charge of the remains described abopinion death resulted from. Maturol causes M. Accident ACTUAL SIGNATURE  EXAMINER'S NAME (Type) Elmer G. Linhardt	
220. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OF	Deplember 50, 1939
Burial October 2, 1959 Naval Academ	v Ceme terv Annapolis, Maryland
23. EUNERAL DIRECTOR'S SHOWATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Hopping Funeral Home Annapolis, Mary	land DATEOCT 6'59 Critical & Known

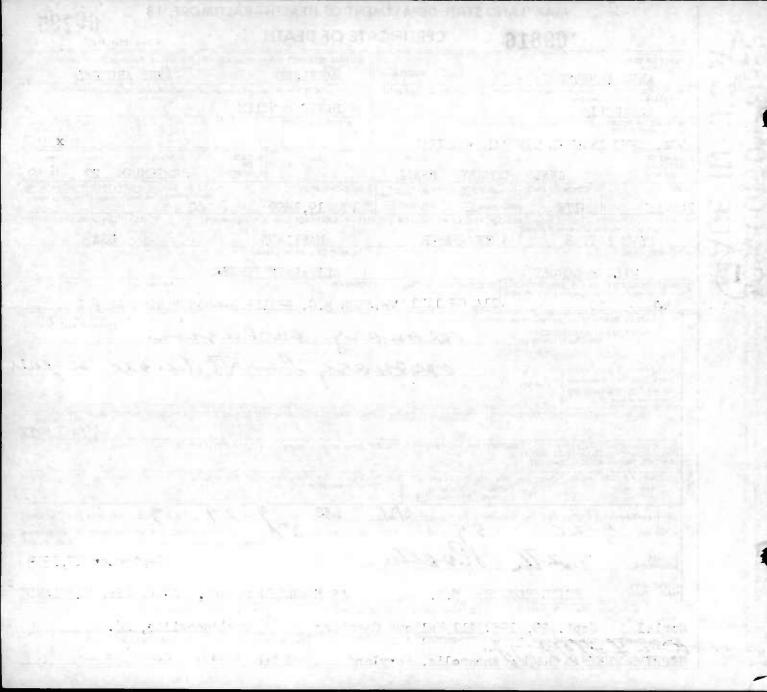
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RE AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYA FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY tor. Page ur files. b. COUNTY Anne Arundel MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give neerest town) Baltimore 4 months Jessup d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 2, and 3 to the funeral retained State Maryland House of Correction 123 Scott Street YES NO X NAME OF 4. DATE Year DECEASED OF BEAGHAM the RAYMOND (Type or print) DEATH September 1959 alias BEAGHAN death. with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years IF UNDER 24 HRS. may last birthday) Months Male White WIDOWED [ DIVORCED 12 7 ould be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, at PM3. Page 5 r 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Shenandoah. Va. U.S.A. Boilermaker form PM3. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Beaghan Loretta Cobdrstone event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) permit. with Md. House of Correction records Denied should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN along ONSET AND DEATH Myocardial fibrosis PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office XDUE/TO burial Arteriosclerotic cardiovascular disease Conditions, If any, which "pending" geve rise to immadiate ceuse (0) DUE TO (a), steting tha underlying Examiner SE pesn cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? certificate, writing the word rded to the Chief Medical E 9 NO pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | age 3 short fo burial, EXAMINER: CAUSE OF DEATH. 3 MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. F. P. at work at work prior OR: 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection Inquiry and in my opinion DIRECT designated agent, death resulted from: Natural causes Suicide Homicide Accident Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL 2 DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S William V. Lovitt, Jr., M.D. should I NAME (Typa) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 228. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) 240 p 0 Methodist Cemetery Removal. Shedandoah Virginia 23. FUNERAL DIRECTOR VS. AISME Wm.Cook, Inc., 1217 St. Paul St., Balto. 2, Md. DATE SEP 23 '59 arthur & Kraus 5M 7/59

THE WAY WE WAS A SECURIOR OF THE MOTHER OF THE WAY WE WAS A RESIDENCE OF THE PARTY STATE OF THE WAR WELL SET TO SEE No. House or Correction reports 1) We Week removes - 9/22/50 | Nestrodiss Demarkary | Buetlandonn, Markhair Wm. Ovok, ins., iti be. Ital Dt., Malto, C. Hot, . Str 2 9 9 1 Talle Je La

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
09816	CERTIFICATE OF DEATH	Reg. Dist. No.
	2. USUAL RESIDENCE (Where deceased lived. If insti	tution: Residence befo

1. PLACE OF DEATH o. COUNTY ANNE AR	UNDEL		MARYLAND	2. 1	USUAL RESIDE  O. STATE  MARYL		ere deceased	l lived. If instituti b. COUNTY	on: Resider	RUNDI	re admiss	ion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					,			rote limits, write F	RURAL ond	give nec	rest town	1)
d. NAME OF HOSPITA		the second discussion		1 /	DAVID		للاللا				10.050	1051105
OR INSTITUTION	L (ir not in nospital, g	live street address)			d. STREET ADI	DRESS						FARM?
DOA. ANNE A	RUNDEL GET	VERAL HOS	SPITAL								YES 🗖	NO 🗌
3. NAME OF DECEASED	Fir		Middle		Last		4. DATE OF	Mor		Da	<i>'</i>	Year
(Type or print)	ANNE	DORSEY	BEALL				DEATH		TEMBER			19 59
	6. COLOR OR RACE	7. MARRIED X	DIVORCED		ATE OF BIRTH	1,000		9. AGE (In years lost birthdoy)	Months	Doys	Hours Hours	Min.
FEMALE	WHITE			SE		1899		60 yrs.	110 CIT	TTEN OF	.441.47.6	COLINITRYO
10a. USUAL OCCUPATION during most of working NEWS ED	ng life, even if retired	NEWSF		USIKT		YLAN		ountry)	12. CII	USA	WHAT	OUNTRY?
13. FATHER'S NAME	a I Cit	MEMOI	AI IMC	14	. MOTHER'S M					UDa		
LIATTE	R DORSEY						TURNE	מי				
1S. WAS DECEASED EVER		CES? 16. SOCIAL	SECURITY NO.	INFOR	RMANT	التعط	T OICHT	Add	ress			
(Yes, no, or unknown) (If	yes, give war ar dates of s	ervice)				DEL				0 11		
NO N	0	214 0		.J. ()	HN_M.G.	_BEA	III* HI	ISBAND* S	AME A		RVAL BE	
	H WAS CAUSED BY: MMEDIATE CAUSE (o  DUE TO		prom	ar	31	he	as	7 dis	205	0	2	DEATH SEAL
gove rise to im couse (o), stoting th	mediate (		cprin		3			Cuy			0	-
lying couse lost.	) (c	)										
САТІС	r significant con							1 = 1 = 1	VEN IN PAR	RT 1(o) 1	PERFC	AUTOPSY ORMED?
200. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M	UNDERLYING [] CAUSE OF DEATH LEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCURE	RED. (Er	nter noture of i	njury in P	ort I or Port	II of item 1B.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	While Ne	OCCURRED 20e. For while work	PLACE (	OF INJURY (Ho street, office b	ome, form, oldg., etc.)	20f. (City	or town)	(	County)		(Stote)
21. I certify that alive on	t I attended the	15.0	m 6/1/ , and that deal	th acc	_, 19 <u>58</u> _,	3 4	M, fram	reet, city or town,	d on the	e date	stated	d abave.
PHYSICIAN'S NAME (Type)	EDITH RO	ODLER N	1.D.		45 FRA	NKLI	N_STRE	ET AND	IAPOLI	[S]	MARY	LAND_
220. BURIAL, CREMATION	, 22b. DATE THEREC	)F 22c. N	AME OF CEMETERY	OR CRI				ION (City, town,			(Stot	
REMOVAL (Specify) Burial	Sept. 29.	1959 All	Hallows	Ceme	etery			dsonvil				
23. FUNERAL DIRECTOR'S		7 2 . Al	DDRESS		2	4a. REC'D	BY REGIST		STRAR'S SI		RE	
HOPPING FUN	ERAL HOME	Annapo	olis. Mary	lan	d	DATE SE	P 3 0 '5	i9 a	rithun &	A the	us	

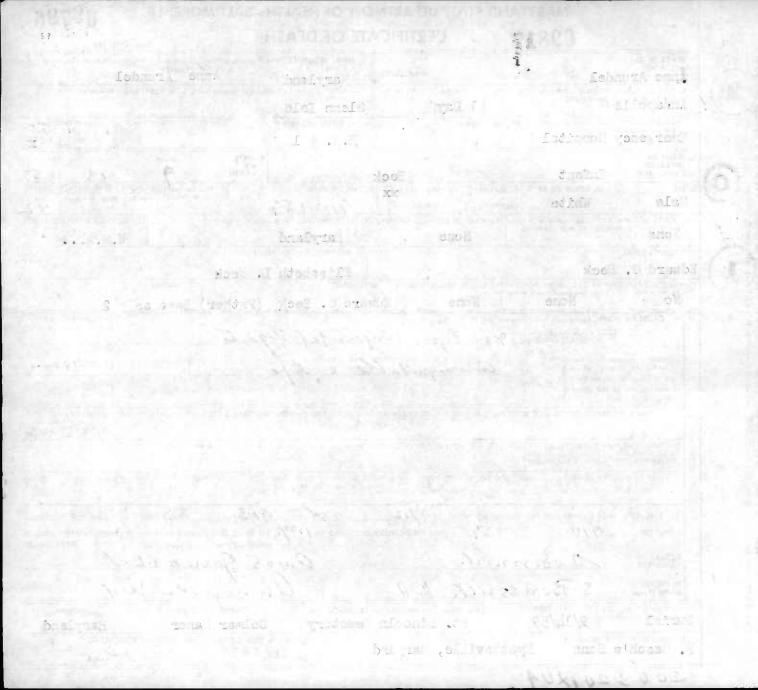


VS A1S (4) 1SM 9/SB 09798

09817 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (W	/have deceased lived	If institution	Paridance bafo	se admission)
Anne Arundel	MARYLAND	o. STATE  Maryland		heounix		ie domission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (IF	outside corporate li	mits, write RURA	AL and give nec	prest town)	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION HOSPITAL	1 Day	d. STREET ADDRESS R.R. # 1	1			e. IS RESIDENCE ON A FARM? YES NO F
3. NAME OF First	Middle	Last	4. DATE	Manth	D-	
DECEASED (Type or print)  Infant	Becl		OF DEATH	Month 9	Da / 1	3 19 5
S. SEX 6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED	8. DATE OF BIRTH 9/12/5	9. AC los		UNDER 1 YEAR	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	e or foreign country	)	U.S.	WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
Edward G. Beck		Elizabeth	T. Beck			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	NFORMANT	D. DECK	Address		
(Yes, no, or unknown) (If yes, give war or dates of service)	None Ed	ward G. Beck	(Father	) Same a	as # 2	
18. CAUSE OF DEATH [Enter only one couse per li					INI	RVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	wetno le lor	Lens to I d	14.6		ONS	ET AND DEATH
759.3 DUE TO Conditions, if ony, which gove rise to immediate	metyple wo	le i lij	•			42
couse (o), stoting the under-						
/ (0/	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	MINAL DISEASE CON	IDITION GIVEN	IN PART 1(o) 1	9. WAS AUTOPSY PERFORMED? YES NO S
PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of	item 1B.)		
Hour o. m. While		ACE OF INJURY (Home, far ctory, street, office bldg., et	m, 20f. (City or to	wn)	(County)	(State
21. I certify that I attended the decea	sed from 9/12	. 19 53 . ta	913	19 5 the	at I last say	v the decease
alive an 9/12, 19	57, and that death	occurred at /237/6	ADDRESS (Street,	causes and	an the date	
SIGNATURE / J. U SUNNU		M.D.	2 day	1027 13	200	
PHYSICIAN'S S. BONSS	uck k. P.	$\alpha$	писр	ver'	lud	
226. BURIAL, CREMATION, 22b. DATE THEREOF 9/11/59	Ft. Lincoln		Colmar N			(Stote) ryland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	10. 000		T		
F. Gasch's Sons Hyatt	sville, Marylm	DATE S	EP 1 6 '59	1	AR'S SIGNATU	



VS A1S (4) 15M 10/S7

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 00210

### **CERTIFICATE OF DEATH**

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63616	Keg. Disi	r. No.
1. PLACE OF DEATH o. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	
HNNE HRUNDLE		UNDLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	merch .
ANNAPOLIS	X SHADYSIDE, MARYLA	VA BOX 2Z
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
GENERAL HOSPITAL	CEDARHURST ON the BAY	YES NO
3. NAME OF DECEASED First Middle	Lost 4. DATE Month /	Day Year
(Type or print) arrie E	Serry DEATH SEPT	14 1959
5. SEX— 6. COLOR OR BACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED		YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BARTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
HOUSEWIFE	MARYLAND	U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
GEORGE YEARSON	UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown)   (If yes. give wor or dates of service)	INFORMANT Address	
NO - NONE F	RANKLIN G, BERRY - HUSBAND -	(#Z)
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	1/ / 1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) OFO NOTCH	THROMBOSIS	4 weeks
420.1 DUE TO		1
Conditions, if ony, which) Interiosolomosis	& drobetes mellitur	uears
gave rise to immediate	a dianeiro menios	90
couse (o), stoting the <u>under.</u> lying cause lost.		
(4)	A NOT BELATED TO THE TERMINAL DISCASE CONDITION CIVEN IN BACK	V . 10 WAS AUTORSY
Uremia	NOT KELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Port II of item 18.)	
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (Co	ounty) (Stote)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to thou or m.  p. m.  19 of work of work of the control of the control of work of the control of t	ictory, street, affice bldg., etc.)	
21. I certify that I attended the deceased from Quoust	12 19 59 to Seft 14 1959 that 1 le	ast saw the deceased
alive an self 14 , 1959 , and that death	1 005	
	ADDRESS (Street_city or town, state)	DATE SIGNED
SIGNATURE Willard Thuth	M.D. Shady Side, Md	9/14/59
PHYSICIAN'S WILLARD F. SMITH	L,MD	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CONTROL SERTI 17.1959 AD LINGTON	NATIONAL ARMATORY  NATIONAL ARMATORY	(Store)
23. FUNERAL DIRECTOR'S SIGNATURE MAL ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	NATURE
LAWEL T RUAN THE YNGRAY. 317 YA, AVE		Krank

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

09799

Reg. Dist. No.

	0.0	849	CERTIF	-ICA	IE OF DEATH	1		Reg. D	ist. No.		1,
1. PLACE OF DEATH o. COUNTY Anne Arun		<del>-13</del>	MARYL		2. USUAL RESIDENCE (WHO STATE Maryland	ere deceased	lived. If institution Baltin				ian)
b. CITY OR TOWN ( RURAL ond give n  Crownswil	-		LENGTH OF STAY IN 2 years		c. CITY OR TOWN (If o	outside corpor	ote limits, write R	URAL ond	give neo	rest tawn	)
OR INSTITUTION	TAL (If not in hospital, o	Mark Street	dress)		d. STREET ADDRESS to	n cker S	treet				DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Fi Le	rst	Middle O•		Brightford	4. DATE OF DEATH	Man 9	ith	7	y 1	19 <sup>59</sup>
5. SEX Male	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED		5/10/1910		9. AGE (In years lost birthdoy) 49 yrs.	Months Months		Haurs	R 24 HRS. Min.
10o. USUAL OCCUPATION during mast of wor Unknown	ON (Give kind of work king life, even if retired	done 10b. KI	ND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (Stote Maryla:		untry)	12. CI		WHATC	OUNTRY?
13. FATHER'S NAME Unknown		===			14. MOTHER'S MAIDEN N	NAME					
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of	service)	cial security no.	1	ormant spital Recor	ds	Add	ress		-1	
	mmediote (	My Ar	rocardial 1		ction Cardiovascu	ılar Di	isease		INTE	RYAL BE	DEATH
OR CONTRIBUTING		DITIONS CO Syr n Sync	drome due	the t	OT RELATED TO THE TERMI Central Nervo te above (Enter noture of injury in	ous Sys	stem	/EN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED? NO
20c. TIME OF INJUI Havr a.m.	RY Month, Day, Ye	ar 20d. INJ While of work	Nat while_		E OF INJURY (Home, farm ry, street, office bldg., etc		or town)		(County)		(State)
actual SIGNATURE	Lionel McHe	1. 12.59 Cuy /		death c	Crownsvill	M, fram ADDRESS (SH	the causes ar reet, city or town, te Hospit	stote)	d.	stated DAT 9/9	
220 BURAL, CREMATIC	11010-	59 x	The office	YV	A. A. CORY	Ball CAT	ION (City, town,	170	-	(Stot	e)
23. FUNERAL DIRECTOR	'S SIGNATURE	77-1	ADDRESS	40.4		D BY REGIST		STRAR'S S	2 40		**

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19 May 19 19 19 19 19 19 19 19 19 19 19 19 19	Transfer of the season of the		
	THE CALL DISECTOR		

MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessory, please exerciple and peace and please a should be cremation, Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY Anne Arundel Q. STATE b. COUNTY Maryland MARYLAND Anne Arundel Page 1 burial. b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewater Edgewater d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitot, give street address) d. STREET ADDRESS . IS RESIDENCE delay is nerel ON A FARM? Wharf Road YES NO NAME OF First for your Middle DATE Lost Month Year DECEASED (Type or print) NORMON CARR DEATH September 19 59 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 2 with the lost birthday) Months Hours Male White WIDOWED | DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo ofter 2, on Jobaccopup pe 13. FATHER'S NAME moy 14. MOTHER'S MAIDEN NAME within 24 hours Poges 1, Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Give ISABELLA PM3 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Fracture of Cervical Spine with Laceration IMMEDIATE CAUSE (o) of Spinal Cord. NO PROPERTY. Conditions, if any, which olong gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. \_ Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY os CATION PERFORMED? used YES DO NO I CERTIFI 20g. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part It of item 18.) should Tractor overturned. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, EXAMINER: 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While 1950 at work of work p. m. Edgewater Anne Arundel writing 21. I certify that I took charge of the remains described above, held on Autopsy 3. Inspection . Inquiry e, writ deoth resulted from: Notural couses ... Accident . Suicide . Homicide Undetermined cause 0 MEDICAL ACTUAL DATE SIGNED ection CHIEF MEDICAL EXAMINER SIGNATURE forwarded to ASSISTANT MEDICAL EXAMINER TO 9/4/59 EXAMINER'S cute the NAME (Type) Charles S. Petty, M.D. DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR 22d. LOGATION (City, town, or county) (Stote) 0 EMOVAL (Specify) 0 20 FUNERAL DIRECTORS SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS. A15ME(5) 1 0 '59 arthur & Kroug 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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<b>MARYLAND STA</b>	TE DEPARTMENT	OF HEALTH	-BALTIMORE,	18
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**CERTIFICATE OF DEATH** 00210

09801

Annapolis d. NAME OF HOSPITA OR INSTITUTION INDEX Arundel										rest town)
d. NAME OF HOSPITA			4 hours		Edge	water -	Rural			
			address)		d. street ADDRESS		1100			e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Fin Soph		Middle A		COFF	4. DATE OF DEATH	Septem		Do 2	y Year 19 <b>59</b>
sex		7. MARR	NEVER MARRIES		2 - ? -]	1895	9. AGE (In years last birthday) O.4 yrs.		1 YEAR Days	IF UNDER 24 HE Hours Min.
Da. USUAL OCCUPATION	N (Give kind of work of gg life, even if retired)	ane 10b.			Ineland	-		and the same of	USA	WHAT COUNTR
3. FATHER'S NAME Un	nown				Unknown			a Te		
S. WAS DECEASED EVER Yes, no, or unknown) (III	IN U. S. ARMED FORG yes, give wor or dates of se		SOCIAL SECURITY NO.		William L.			ress -Same	as	# 2
Conditions, if on gave rise to im cause (o), stoting the lying cause lost.	mediate ( DUE TO	D	arter	in	Miluo	* mi				gre
PART II. OTHE	R SIGNIFICANT CON	OITIONS C	ONTRIBUTING TO DEAT	TH BUT NO	OT RELATED TO THE TER	MINAL DISEASE	CONDITION GI	VEN IN PART	1691	9. WAS AUTOPS PERFORMED? YES NO
20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OC	CURRED. (	Enter noture of injury i	in Port I or Port	II of item 18.)	43		
20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Yea	While	JURY OCCURRED  Not while of wark	20e. PLACI factar	OF INJURY (Home, fo y, street office-bidg., e	orm, 20f. (City	or town)	(0	County)	(Stot
actual Signature		195	9 and that			M, fram ADDRESS (St	the causes ar	nd an the		
	I, 22b. DATE THEREO		22c. NAME OF CEME	TERV OR C			ION (City, lown,	os countyl		(State)

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St. C. Committee The Committee of the State of the State

**CERTIFICATE OF DEATH** 

09802

1. PLACE OF DEATH				
o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	sed lived. If institution: Re b. COUNTY	esidence before admission)
Anne Arundel		Maryland	Anr	
<ul> <li>b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)</li> </ul>		c. CITY OR TOWN (If autside car	porate limits, write RURAL	and give nearest town)
Bristol	Life	X Bristol		
d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION	et address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES X NO
3. NAME OF DECEASED (Type or print) ROSALIE	Middle	Court de de DATE OF DEAT	H Sept	Day Year 7 195
5. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH		NDER I YEAR IF UNDER 24 HRS
Female White wipo	WED DIVORCED	July 29, 1868	91 yrs. Mon	oths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or fareign	country) 12	. CITIZEN OF WHAT COUNTE
Housewife	Own Home	Maryland		U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Joseph Chaney		Sarah Jane D	rury	
	6. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
(If yes, give war or dates of service)	Mrs	s. Wm. S. Welch	. Sr. Bris	tol. Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate cause (a), stating the under- lying cause lost.  PART II. OTHER SIGNIFICANT CONDITION	1.1-	/	SE CONDITION GIVEN IN	ONSET AND BEATH  ANA I PART 1(0) 19. WAS AUTOPSY PERFORMED?
30- ACCIDENT WAS HARPENIAN ST. LON. T.		osis - generaliza	1	YES NO N
OR CONTRIBUTING LI CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part Var Pa	ort 11 of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d Hour a.m. Whi	. INJURY OCCURRED 20e. PLA		art II of item 18.) by or town)	(County) (State
20c. TIME OF INJURY Month, Day, Year 20d Whi at w 21. I certify that I attended the december 21.	INJURY OCCURRED 20e. PLA foc ork of work assed fram. 29 January	ACE OF INJURY (Home, form, large, street, office bldg., etc.) 20f. (Ci	by or town)	(County) (State
20c. TIME OF INJURY Month, Day, Year 20d Hour a.m. 19 Whi at w	INJURY OCCURRED 20e. PLA foc ork of work assed fram. 29 January	CCE OF INJURY (Home, farm, land, lory, street, office bldg., etc.)  1959, ta Security of the street, land, lord, land, l	by or town)	(County) (State
20c. TIME OF INJURY Month, Day, Year 20d Maur a.m. p.m. 19 White of the decendative on	INJURY OCCURRED 20e. PLA foc ark of work of work and that death are also as a second of the control of the cont	occurred at Johnson Marl	by or town)  19.52, tho	(County) (State at I last saw the deceas on the date stated above
20c. TIME OF INJURY Month, Day, Year 20d White Physician's NAME (Type) Re Be Sasses	INJURY OCCURRED 20e. PLA le Nat while of work of seed fram. 29 July  Seed fram. 20 Jul	occurred at Johnson Marl	in the causes and control of the causes and control of the course and control of the course and control of the course of the cou	(County) (State at I last saw the deceas on the date stated above DATE SIGN
20c. TIME OF INJURY Month, Day, Year 20d Maur a.m. p.m. 19 White of the decendative on	INJURY OCCURRED 20e. PLA foc ark of work of work and that death are also as a second of the control of the cont	ACE OF INJURY (Home, farm, land, correction), street, office bldg., etc.)  1959, ta 250, for adoress  ADDRESS  A.D. 1959 Marl  CREMATORY 22d. LOC	by or town)  19.59, tho  Im the causes and of  Street, city or town, state)  Doro, Md.	(County) (State at I last saw the deceas on the date stated above DATE SIGN

neral director, d be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death; Page 4 TO FUNERAL DING.
R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be related for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 state registrar prior to burial, cremation, ar remaval, and in any event within 72 hough after death. VS A15 (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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09853		CERTIFICA	ATE OF DEATH	Reg. Dist. No.
OF DEATH NTY		MARYLAND	USUAL RESIDENCE (Where deceased lived.     o. STATE	If institution: Residence before admission. COUNTY

	Anne A	mindel Cour	ıtv	MARYLA	UND	o. STATE			d lived. If institu b. COUNT	Y		re admissi	ion)
	CITY OR TOWN (I	If outside corporate limi	its, write	c. LENGTH OF STAY IN	11ь	c. CITY OR	OWN (If o	outside corpo	rote limits, write	RURAL ond	give nec	rest town	)
		altimore		19 y	rs.	X Ba.	ltimo:	re (Maj	rley Par	k)			
	OR INSTITUTION	TAL (If not in hospitol, queen Anne I		oddress)		d. STREET ADDRESS 113 Queen Anne Rd.				e. IS RESIDENCE ON A FARM? YES NO			
	NAME OF DECEASED (Type or print)	Fin	ton	Middle		Dawson		4. DATE OF DEATH		onth	Do		Year 1959
5. 5	EX			RIED NEVER MARRIED	<b>3</b> 71	8. DATE OF BIRTH			9. AGE (In year		TYEAR		
	Male	White	WIDOW			Oct. 16		33	9. AGE (In year lost birthdoy) 75 yr		Doys	Hours	Min.
10a	USUAL OCCUPATION		done 10b.	KIND OF BUSINESS OR	INDUS				ountry)	12. CI	TIZEN C	F WHAT	COUNTRY
10	during most or work	king life, even ir refired	"			Balt	imore	, Md.			U.	S.	
13.	FATHER'S NAME			Par Carlo		14. MOTHER'S							
		Luther Daw	son				Mara	garet	and any and any				
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. II	NFORMANT				ldress			
[161	. No. of disciously	(If yes, give war or dates of s	ervice)		Mr	s. Ethyl	en Bl	lair,	113 Que	an Ann	e Rd		
CAL CERTIFICATION	Conditions, if a gove rise to i couse (o), stoting lying couse lost.  PART II. OTH  20a. ACCIDENT WA	mmediate the under- the under- DUE TO (c) HER SIGNIFICANT CON  AS UNDERLYING  CONTROL	DITIONS	ypertensive  CONTRIBUTING TO DEATH  CORIBE HOW INJURY OCCURRED 20	H BUT	NOT RELATED TO	THE TERMI	NAL DISEASI	E CONDITION G		T 1(o) 1	PERFO	AUTOPSY RMED? NO
MEDICAL	Hour a. n. p. m.	19	While of wor	rk ot work	foc	tory, street, office	bldg., etc.	)		400	County)		(Stote)
	21. I certify the alive on9  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		-, 12 KA	auber Du	eath	occurred at.	8 P.	M, from		and on t	he da	te state DA	ed above
220	BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREC		22c. NAME OF CEMETE	RY OF		C444 - #3		ION (City, town,			(Stote	
	Burial	9-24-195	9	Loudon Par	k C	lemeterv		Ba	ltimore.	Md			
23.	FUNERAL DIRECTOR	SSIGNATURE		ADDRESS 4001 Ritchie			24a. REC'E	BY REGIST	RAR 24b. REC	ISTRAR'S SI	GNATUR	RE	
<b>L</b>				TOTAL BUILDING	110	WV	- 67	D 9 8 "C	9		-		

uneral director, id be filed with ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should is elached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 the registrar priar to burial, cremation, or removal, and in any event within 72 haurs after death. TO HOSPITAL OR VS A15 (4) 15M 9/55

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09854 CERTIFICATE OF DEATH

09806 Reg. Dist. No.

00000	Keg. Dist. No.
1. PLACE OF DEATH 6. COUNTY HAVE A YUNG SI MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
GIEN BUYNIC UNK	New port 08x-2
d. NAME OF HOSPITAL (If not in hospital, give street oddress)  PRINSTITUTION  PARAMETER AND	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) John Dorsey	Losi d. DATE Month Doy Yeor Of Seath September 26, 1959
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.    Manths Days Haurs Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  School	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Dorsey	Julia Thomas
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 1981, no. of tribhourn 1981, give wor or dates of service)	arie Brown, La Plata, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: Cerebral Throm IMMEDIATE CAUSE (o)	nbosis with right hemiparesis 7 yrs
gave rise to immediate	sis left mid cerebral artery
DUETO	cardiovascular disease ? yrs.
CATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO 1
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I ar Part II of item 18.)
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED to Mot while fac p. m. 19 of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
21. I certify that I estended the deceased from June 11 alive on 19 and that death ACTUAL SIGNATURE AMONTH ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) James M. Pair, M.D.	occurred at 2:30 M, from the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 400 N. Carrollton Ave Sept. 26, \$9  Baltimore 23, Maryland Sept. 26, 1959
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF SEMOVAL (Specify). 9-30-59 52 May	R CREMATORY 22d. LOCATION (City, town, or county)  VS New Port, Md.
23. FUNERAL DIRECTOR'S SIGNATURE Home, Walded,	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE OCT 1'59

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CERTIFICATE OF DEATH

Pag	Dist.	Na
ven.	WIDI.	140.

		0300	)	111107	IL OI DEAIII		Reg. Dis	t. No.	
1. PLACE o. COU	OF DEATH	.A.CO.	M	ARYLAND	2. USUAL RESIDENCE (Whe		. If institution: Residence b. COUNTY	A. A.	ssion)
RURA	OR TOWN (IF AL and give ned LEN BU		ite c. LENGTH OF ST		c. CITY OR TOWN (IF of		mits, write RURAL ond g	ive nearest tov	vn)
d. NAA OR I	INSTITUTION	L (If not in hospital, give st lew Jersey	AVe •		d. STREET ADDRESS  22 New Je	ersey A	ve.	ON	SIDENCE A FARM? NO St
3. NAME DECEA: (Type o	SED	Frank	R. Drank		Last	4. DATE OF DEATH	Sept.9,19	59 <sup>Doy</sup>	Year
5. SEX			WARRIED NEVER MA		DATE OF BIRTH August 20, 1	los	A hand do h	YEAR IF UNI	
Sh	g most of worki	N (Give kind of work doneing life, even if retired)  Clerk	10b. KIND OF BUSINES Furnitu		Balto.			S.A.	T COUNTRY
13. FATHER	RTHAT	nein Dran	kw1ez		14. MOTHER'S MAIDEN N.	1/1	WACKI		
	ECEASED EVER	IN U. S. ARMED FORCES? f yes, give wor or dates of service)			ormant a Drankwicz	1 1/2 (2)	Address w Jersey	Ave.	
coasi Govi	PART I. DEAT	DUE TO  y, which (b) (b)	Sirrhosis of	•	iver			INTERVAL E	D DEATH
CERTIFICATION CERTIFICATION	PART II. OTHI	ER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERMIN	VAL DISEASE CON	IDITION GIVEN IN PART	PERF	AUTOPSY ORMED?
	ONTRIBUTING	UNDERLYING   20b.   CAUSE OF DEATH AEDICAL EXAMINER)	DESCRIBE HOW INJUR	Y OCCURRED.	(Enler nature of injury in P	ort 1 or Port II of	item 18.)		
	ME OF INJURY Hour a. m. p. m.	, W	Od. INJURY OCCURRED  /hile Not while work ot work	20e. PLAC focto	E OF INJURY (Home, form, sy, street, office bldg., etc.)	20f. (City or to	wn) (C	ounty)	(Stote)
ACTU SIGNA PHYSI	AL ATURE LL	etav Karatave H. Fa	Paules	nat death o	, 19 59, to Ser accurred at 8 P. O Glen Burnie	_M, fram the ADDRESS (Street, c	9th 59that I I causes and an their or town, stote)	e date sta	deceased ded above SIGNED
220. BURIA		22b. DATE THEREOF	22c. NAME OF C				City, town, or county)	(Ste	ote)
	rial AL DIRECTOR'S	signature caltorisk	Glen 2007E	Haver	240. REC'D	BY REGISTRAR FP 1 1 '59	24b. REGISTRAR'S SIG		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIR OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be retached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer death. VS A15 (4) 15M 9/5\$

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B OF DEATH	CERTIFICAT
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09856 CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed. If institution, Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. CITY OR TOWN (If autside/corporate limits, write, RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b RURAL and give megrest town) dsonville d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? YES NO CIV 4. DATE NAME OF Middle Yeor DECEASED anner (Type or print) 19 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Days Hours WIDOWED [ DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) rme 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Louise P. Ducket 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port t or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (State) (County) factory, street, affice bldg., etc.) Haur a. m While Not while at work at work 19 5.7. that I lost sow the deceased 21. I certify that I attended the deceased from. alive on \_\_, and that deoth occurred of 1. M. from the couses and on the date stated above. ADDRESS (Street, city or tawn, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR 22d. LOCATION (City, town, or county!

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

ADDRESS

TO FUNERAL DIF he registror

FUNDRAL DIRECTOR'S SIGNATURE

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TO DEPUTY MENTY. L EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please ex	cute the certify, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should	dec	TO FUNERAL DINACTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar is ourial, crematic
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VS. A15ME(5) SM 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY Anne Ar	undel		MARYLAND	2. USUAL RESIDENCE O. STATE	_	ed lived. If institu		ice bef	ore admis	sion)
	b. CITY OR TOWN (If a ond give negrest town)		e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	- 10	00.120	RURAL and	give ne	arest tow	rn)
	Arnold			5 years	X Same						
		L OR INSTITUTION (	If not in hasp	pital, give street address)	d. STREET ADDRESS						SIDENCE
	Shore Acr	es			Same			153.0			NO D
3.	NAME OF DECEASED	Fir		Middle	Lost	4. DATE OF	Mont	h	Day	Ye	ar
	(Type or print) Cla	rence Wall	ace Du	ınn		DEATH	Septemb			15	-
3.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	. DATE OF BIRTH	4 5 5 6 1	9. AGE (In years last birthday)	IF UNDER 1			
	Male	White	WIDOWED		12/3/05	25000	53 yn.	Months D	dys	Hours	Min.
100	usual Occupation	N (Give kind of work life, even if retired)	done 10b. KI	NO OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Sto	te or foreign c	ountry)	12. CITIZ	EN OF	WHAT (	COUNTRY?
	Stationar	Steam Engi	neer a	t Fort Meade.	Norfolk.	Va.		US	A		
13.	FATHER'S NAME		435711		14. MOTHER'S MAIDEN	NAME					
	Willia	m Dunn			Lillie Auli	t.					
15.	WAS DECEASED EVE	R IN U. S. ARMED FO		OCIAL SECURITY NO. 17. I	NFORMANT	0	Address				
(10	s, no, or unknown) (	If yes, give war or dates of	service)	107-5585	Mrs.Marv Dur	n (Wif					
F	18 CAUSE OF DEATH	I Enter only one cou	se per line fr	or (a) (b) and (c) ]	MIS MALY DU	III (MIT	67		LINITER	AL BETWEEN	
	PART I. DEATH	WAS CAUSED BY:								AND DEAT	
	1. 0 - 1	MMEDIATE CAUSE (a)	Cord	mary Occlusio	n				Su	dden	
	420.1	DUE TO							9		
	Conditions, if on										
	gove rise to immedi (o), stoting the ur									770	
	couse lost.	(c)									
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CON	DITIONS COM	NTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	MINAL DISEASI	CONDITION GIV	EN IN PART		. WAS A PERFOR	UTOPSY MED?
CERTIFIC	20a. EXTERNAL CAUS PRIMARY O or CON CAUSE OF DEATH.	E WAS FRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED. (I	inter noture of injury in Po	art 1 or Port 11	of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yea	While	Not while fact	CE OF INJURY (Home, for ory, street, office bidg., et	m, 20f. (City	or lown)	(Coun	ity)		(Stote)
	21. I certify the	at I taak charge	of the re	emains described abo	ve, held an Autop	sv 🗖 Ir	spection X,	Inquiry	DX1	and fi	ind that
					cide , Homicid		ndetermined o	_	125	und II	ma mai
	A		1 6	, , recident [_], 301	cide [], Homicia	e □' ∩	idelermined C	005e [].			
	ACTUAL SIGNATURE	stare X	Ran	cherdia.	_M.D. CHIEF MEDICAL	EXAMINER [				DATE SI	GNED
	EXAMINER'S				ASSISTANT MEDI	CAL EXAMINE	R				
	NAME (Type) Gu	stave H. F	aubert	.M.D.	DEPUTY MEDICAL	EXAMINER [	3: 10/	1/59			
220	BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREO	F 2	2c. NAME OF CEMETERY OR	CREMATORY	22d. LOCAT	TION (City, town, o	or county)		(Stote)	)
-	Burial	10cf-19	59		emeters	Nor	folk.	Vine	7 17	wa.	
23.	FUNERAL DIRECTOR'S	SIGNATURE	,	ADDRESS	240. REC	'D BY REGIST		TRAR'S SLOT	NATUR	E	
1	1.7.	Final to	7	Sten Bu	DATE OF THE	OCT 2	59 0	irlius St	Tha	UBA.	
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PUT MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If ony deloy is necessary, please e	cute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral directory Poge 4 should	vorded to Thief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.	TO FUNERAL DIS. JOR: Page 3 should be used as a burial-transit permit. File pages 1 and with the registrar prior Y purial, cremati	
S TO DEPUTY MED	cute the certific	forworded to	TO FUNERAL DI	
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 A MEDICAL EXAMINER'S CERTIFICATE OF DEATH

_		030	00					Reg. D	ist. No	P	
1,	PLACE OF DEATH				2. USUAL RESIDENCE (	Where deced	ased lived. If Institu	tion: Resid	ence bel	fore admi	ission)
	o. COUNTY Anne Arund	[6]		MARYLAND	Same		Same COUNT	Y			/
	b. CITY OR TOWN (IF	outside corporate limits, wri	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside co			d give n	earest to	wn)
	and give nearest town)			76 days	X Same						
	d. NAME OF HOSPITA		If not in	hospital, give street address)	/d. STREET ADDRESS					la IS P	ESIDENCE
		Branch Dri			Same					ON	A FARM?
3.	NAME OF DECEASED	Fi	rst	Middle	Last	4. DATE	Mont	1	Day	)	fear
	(Type or print)	Andre	a T	vnn Edler		OF DEATH	Sept	ember	221	rd. 1	9 59
5.	SEX			RRIED NEVER MARRIED 8.	DATE OF BIRTH		9. AGE (In years	IF UNDER			ER 24 HRS.
	F	7.7			9/6/59		lost birthdoy) yrs,	Months	Pays	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work	done 10	b. KIND OF BUSINESS OR INDUSTR	11-11	or foreign	country)	12. CIT	ZEN O	F WHAT	COUNTRY
	during most of working	g life, even it retired)		NONE	Baltimore	5M		US	Δ	MAS	41
13	FATHER'S NAME			NONC	14. MOTHER'S MAIDEN			100	2.5	PPPI	~/
	7 1 5	72.77			Nancy		70%				
15	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES?	16. SOCIAL SECURITY NO. 17. IN	FORMANT	reder	Address				-
{Ye	is, no, or unknown)	(If yes, give wor or dates of	service)				Addition				
=	NO DEAT	NONE			ne Parents.				T		
		H WAS CAUSED BY:		line for (a), (b), and (c).]					ONSE	ET AND DE	ATH
	CY C	IMMEDIATE CAUSE (o	Br	onchopneumonia							
	163.0	DUE TO									
	Conditions, if an										
	(o), stoting the u										
	couse lost.	) (c				2 2				PAF	TALT
NO	PART II. OTH	ER SIGNIFICANT CON	DITION	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	EN IN PAR	T 1(o) 1	P. WAS	AUTOPSY ORMED?
CERTIFICATION									,	YES K	NO 🗌
TIFIC	20g. EXTERNAL CAU PRIMARY [] or CON CAUSE OF DEATH.	SE WAS 20	b. DESC	RIBE HOW INJURY OCCURRED. (En	ter noture of injury in Po	rt I or Port I	l of item 18.)				
CER	CAUSE OF DEATH.	IIKIBU IING LI									
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye	ar   20	Dd. INJURY OCCURRED 200. PLAC	E OF INJURY (Home, for	n, i 20f. (Cit	y or tawn)	(Cor	inty)		(Stote)
(ED)	Hour o. m.	19		/hile Not while factor	ry, street, office bldg., etc	1					
2	p. m.			e remains described abov	PATI						
				FT			nspection	Inquir	·	, and	find that
	death resulted	from: Natural	couse	X, Accident , Suic	ide, Hamicide	e [], U	Indetermined o	ause			
	ACTUAL /	1/5/2 11	1	11		9.39				DATE S	IGNED
	SIGNATURE	11111111	22		M.D. CHIEF MEDICAL E						
, 1	EXAMINER'S TAI	17 LEEF	7	0	ASSISTANT MEDIC	AL EXAMIN	ER 🔀			9/22	/59
	NAME (Type)	IIIIam V.	TOA.	itt, Jr., M.D.	DEPUTY MEDICAL	EXAMINER					
220	BURIAL CREMATION	V, 22b. DATE THEREC	)F	22c. NAME OF CEMETERY OR C	REMATORY	22d. LOCA	TION (City, tawn, o	or county)		(Stote	e)
4	BYRIAL	1 /23/	59	Loudon	TARK.	BA	LTIMORE	- M	1d		
23.	FUNERAL DIRECTOR'S	SIGNATURE	01.1	HOME ADDRESS		D BY REGIS	0				
9	Maniers In	( miller o	2101	Frederick ave.	DATE	P 2 4 '5	Civi	my & ;	viana		

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MARYLAND	STATE DEP	ARTMENT	OF HEALTH-	BALTIMORE,	18

099	REQ CERTIF	FICALE OF DEATH	Reg. Dist. No	o
1. PLACE OF DEATH O. COUNTY	MARYI	II o STATE	b. COUNTY	ore admission)
b. CITY OR TOWN (If outside corporo RURAL and give neorest town)	te limits, write c. LENGTH OF STAY	V - 1 /	corporate limits, write RURAL and give no	earest town)
d. NAME OF HOSPITAL (IF not in hosp OR INSTITUTION	oital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Evely	First Middle MAN	m	DEATH SEPT /	Year 1959
SEX 6. COLOR OF	WIDOWED DIVORCED	1 Aug 2 4 1910	lost birthdoy) Months Doys	Hours Min.
OUSCUEFE	retired)	R INDUSTRY II. BIRTHPLACE (Stole or for High Ridge	Howard Cod. 12. CITIZEN	OF WHAT COUNTE
TCO · Washingto	N LHOS1495	Nellie Sid		
S. WAS DECEASED EVER IN U. SARMEI		Summerfield Es	tep Bristol A	tel.
18. CAUSE OF DEATH [Enter only of PART I. DEATH WAS CAUSED IMMEDIATE CAU	one couse per line for (o), (b), and (c).]  D BY:  USE (o)  O RO N d	VI Thrankos		TERVAL BETWEEN
Conditions, if ony, which	(b) ) ty partens	The CVP Des	ease - Sorge i	Unk
lying couse lost.	UE TO Obesity -	extreme		8 yrs
		TH BUT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART I(0)	PERFORMED?  YES NO
	20b. DESCRIBE HOW INJURY OF	CCURRED. (Enter noture of injury in Part #	or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy Hour o. m. p. m.	7, Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, form, 20 factory, street, office bldg., etc.)	f. (City or town) (County	) (Stote
21. I certify that I attended			eff., 1957, that I last s	
ACTUAL SIGNATURE ROPER	+ B James		ESS (Street, city or town, stote)	DATE SIGN
PHYSICIAN'S NAME (Type)				
REMOVAL (Specify) Sept	HEREOF 22c. NAME OF CEME	4	LOCATION, (City, town, or county) of hish y Md.	(Stote)
FUNERAL DIRECTOR'S SIGNATURE	doity Galeson	le les 240. REC'D BY	REGISTRAR 24b. REGISTRAR'S SIGNATU 8 '59 arthur & Ha	

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem 9 Film G 249 9-24-59 et CERTIFICATE OF DEATH

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	Key. Dist.	110.
1. PLACE OF DEATH o. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence to STATE Maryland b. COUNTINE Ar	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negret fown)  Pasadena  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give X Pasadena	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Green Haven -R.D.#	d. street Address Green Gaven R.D.#	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) HARRY SIDNEY	FISHER 4. DATE Month OF DEATH  G  OF DEATH	Day Year 15 1959
	8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 Y   Months Do	
MALE White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	TADLAL COLUMN YOU	
during most of working life, even if refired)  Employee—National Plastic Corp.	New Jersey  U.S.	N OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	35 F - 7 / D 1
Willis Fisher	Tennessee Dawson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no. of unapown)  (If yes, give wor or dotes of service)  (If yes, give wor or dotes of service)	Harry S. Fisher Jr. (50m) Cent Salisbury, Maryland	ter St.
Conditions, if any, which gove rise to immediate cause (a), stating the under lying cause lost.	OPHAGUS	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		PERFORMED?
	D. (Enter nature of injury in Port I or Port II of item 1B.)	
	ACE OF INJURY (Home, form, ctory, streel, affice bldg., etc.) (Courtery, streel, affice bldg., etc.)	nty) (Stote)
21. I certify that I attended the deceased from NOV alive on SCOT 11. 1959, and that death ACTUAL SIGNATURE PROPERTY ACTUAL SIGNATURE	accurred at IDA, M, from the causes and an the ADDRESS (Street, city or Jown, state)  M.D. ProBox 5/5	
PHYSICIAN'S NAME (Type)	ENPO BUTNIE	Md
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	or CREMATORY  Semorial Park  Salisbury, Mar	ryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA	
HOLLOWAY & COMPANY SALISBURY MAR	YLAND DATE SEP 18 59 Coulden & to	trans

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTR: After this certificate has been sipage 3 should be escaped for use as the burial-transit TO HOSPITAL OR VS A1S (4) 1SM 10/57

the registrar prior ta burial, cremation, or removal, and in any event within 72 haurs after death

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VS A15 (4) 1SM 9/SB

	MARYLAN	D STATE DEPARTM	IENT OF HEALTH—E	3ALTIMORE, 18	09010
	0000		ATÉ OF DEATH		Reg. Dist. No.
1. PLACE OF E	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE Maryland		
RURAL or	TOWN (If outside corporate limits, writed give nearest town)  polis FHOSPITAL (If not in hospital, give stre	1 day	c. CITY OR TOWN (If outside		(AL and give nearest town)
OR INSTI	tution rundel General Hosi		140 Linda	a Lane	ON A FARM?
3. NAME OF DECEASED (Type or pri	First	Middle	REBURGER, Sr.	OATE Month OF DEATH Septe	Pay Year 11 1959
S. SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
Male	HILLOG	DIVORCED [	Nov. 30, 1880	78 yrs.	
during mo	CCUPATION (Give kind of work done 1) at of working life, even if reticed)	Me Phersons	STRY 11. BIRTHPLACE (Stote or for Maryland 14. MOTHER'S MAIDEN NAME		U.S.
1S. WAS DECE (Yes, no, or unknown)	ASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 216-09-0550 C	MORMANT P. Frabe	enger L. Address	Same as #2
PA 26 Condition	PE OF DEATH [Enter only one couse per I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Ons, if ony, which see to immediate, stating the under:  Just lost.  (c)	Capetre & VI	Clitus & ark	malnte	C. Vahsim
ICATIC	TO THER SIGNIFICANT CONDITION	m			N IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO
OR CONTI	DENT WAS UNDERLYING [] 20b. DEATH NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I	or Port II of Ifem IB.)	
	o. m. Wh		ACE OF INJURY (Home, form, 20) ctory, street, office bldg., etc.)	f. (City or town)	(County) (State
21. I ce alive or ACTUAL SIGNATUR PHYSICIAI NAME (Ty	Mannie 7	259 , and that death	occurred at 0:40AM, f	fram the causes and RESS (Street, city or town, sto	an the date stated above
220. BURIAL, CREMOVAL	(Specify) 14 Sept. 193	22c. NAME OF CEMETERY C	D Com.	Baltimore	md.
1 - 1	BECTOR'S SIGNATURE	Alen Burn	DATE SEP 1	4 150	RAR'S SIGNATURE

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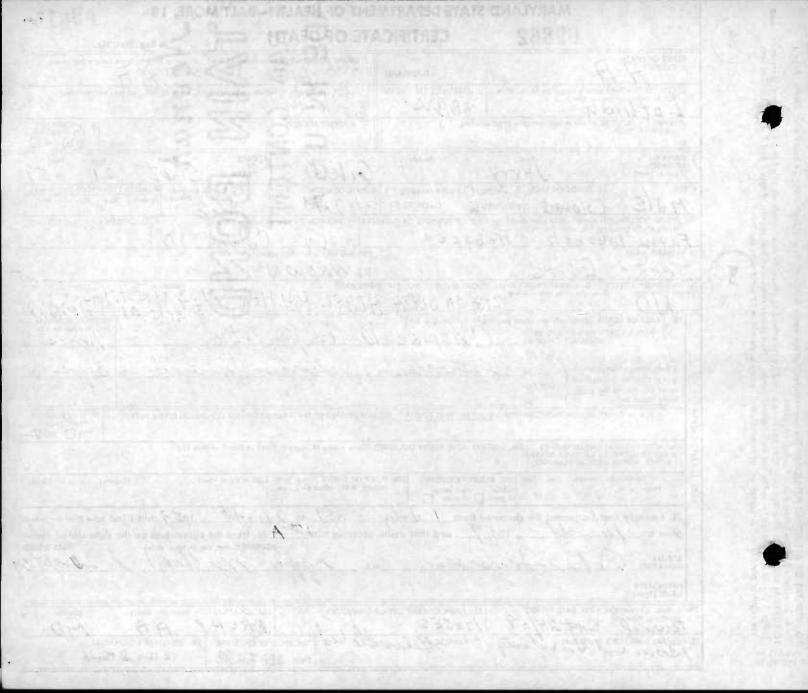
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VS A15 (4) 15M 10/57

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09862	CERTIFICATE OF	DEATH	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	MARYLAND 2. USUAL RES		f institution: Residence before admission)
RURAL and give nearest town)  6074104  3	Dyrs' Loth	1911	s, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress OR INSTITUTION	d. STREET	ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	Sept 21 1959
MILE Colored WIDOWED IN	NEVER MARRIED   8. DATE OF BIR		In yedrs   IF UNDER 1 YEAR IF UNDER 24 HRS. rrthdoy)   Months   Doys   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Falu 1200727  Teba	cco Md	PLACE (State or foreign country)  (2) VERT	- CO 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME TERRY GILPS	VNK	S MAIDEN NAME	
Yes, no. or unknown) (If yes, give war or dates of service)	26 0293A ATHEL	PALMER 19	33 Westy ASTER
18. CAUSE OF DEATH [Enter only one couse per line for (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ARDIAC Decor	n pensation	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate (b)	resclerate Card	ho rasada R	inallessar 3 yrs
couse (o), stoting the <u>under-lying couse lost.</u> County C			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL			PERFORMED? YES NO Z
OR CONTRIBUTING CAUSE OF DEATH	IOW INJURY OCCURRED. (Enter nature		
	OCCURRED   20e. PLACE OF INJURY factory, street, office to work	(Home, form, 20f. (City or town) ce bldg., etc.)	(County) (State)
21. I certify that I ottended the deceased fro		m / 1 / 1	1957, that I lost saw the deceased ouses and on the date stoted above.
ACTUAL SIGNATURE PB Jasse	en M.D. )	ADDRESS (Street, city	or town, store DATE SIGNED
PHYSICIAN'S NAME (Type)			
BEMOVAL (Specify) Sept 24/59 17	NAME OF CEMETERY OR CREMATORY	DRURY	y, town, or county) (State)
23. FLINERAL DIRECTOR'S SIGNATURE	DDRESS files the	DATE SEP 2 9 '59	4b. REGISTRAR'S SIGNATURE



VS A1S (4) 1SM 9/SB

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2	be	7	3	0
O	>	5	page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with	-
-	no	14	00	e e
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs offer death. Poge 4	may be retained the haspital or attending physician.	TO FUNERAL DIRE. R: After this certificate has been signed by the attending physician and completely filled in by 176.	t-da	the registrar priar to burial, cremation, ar remaval, and in any event within 12 hours ofter death.
_		_		

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09863 **CERTIFICATE OF DEATH**

	0000	-	A CONTRACTOR OF THE PARTY OF TH					Keg. Dist.	. 140.	
1. PLACE OF DEATH o. COUNTY Ann	ne Arundel		MARYLAND	2. USUA a. ST/		here deceased	lived. If institution b. COUNTY	an: Residence		issian)
RURAL and give no	lf autside carporate limi earest tawn) Burnie	ts, write	c. LENGTH OF STAY IN 16	c. CIT	Y OR TOWN (IF	autside carpora		URAL ond giv	re nearest ta	wn)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g Marlboro				REET ADDRESS	rlboro		11.3	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fin Gra		Middle D.		lost Gray	4. DATE OF DEATH	Man Sej		Doy	Year 19 5 9
s. sex Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE O	.27,188		AGE (In years last birthday) 75 yrs.	IF UNDER 1	YEAR IF UN Days Haur	
10a. USUAL OCCUPATION during mast af worl HOUSEW	king life, even if retired	dane 10b.	Own Home	-	IRTHPLACE (State				OF WHAT	COUNTRY
13. FATHER'S NAME		1		14. MO	THER'S MAIDEN		- E-Y - E'		- 1	1,171
Cuth	bert Pea	rt				?	Ower	18		
1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or doles of se NONE		SOCIAL SECURITY NO.	Mrs	Marge	ret Gr	ay, sar		2	
Canditians, if a gave rise to i cause (a), stating lying cause last.	mmediate the under-	DITIONS	CONTRIBUTING TO DEATH BU	I NOT RELA	TED TO THE TERM	eart MINAL DISEASE	difer		PERI	S AUTOPSY FORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)  Y Manth, Day, Yea			LACE OF IN	JURY (Hame, far	m, 20f. (City o		(Ca	unty)	(State
Haur a.m.	19	While at war	INGI WILLIE	actory, stree	t, affice bldg., et	(c.)				
	Joseph Ta	deceos , 195	ed from 9-1	, 11	02 Bd	ADDRESS (Street	ne causes an set, city ar tawn,	state)	date state	
220. BURIAL, CREMATIC BEMOVAL (Specify)	9/21/59	)F	22c. NAME OF CEMETERY				ON (City, tawn,			tate)
23. FUNERAL DIRECTOR	's SIGNATURE -	Ken	ADDRESS	300	24a. REC		AR 24b. REGI	STRAK'S SIGN	NATURE	

1230 Hada a	o ara sensialo.	**
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		and all All Pauls sl
let in the letter to be a second	- BOLL 1360	
Billing Contract		Part of the last
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2) Miles (1997)	Printer of the second	
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. Dies Birmis, Hr.		

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		EDICA	STATE DEPA	NER'S	CERTI	FICAT				Dist. No		817
). PLACE OF DEATH					2. USUAL RE		/here decea	ed lived. If institu		dence be	fare adm	ission)
	rundel		м	ARYLAND	o. STATE	ame		b. COUNT				
b. CITY OR TOWN and give nearest to	(If outside corporate limits, wn)	vrite RURAL	c. LENGTH OF S	TAY IN 1b			autside cor	porate limits, write		nd give n	earest to	wn)
Pasadena					X	Sam	e					
	PITAL OR INSTITUTION				d. STREET	ADDRESS		1			ON	A FARM?
Corner of	*** * *********	First	Rd High	# terms and 1 4 7 7	IC.		4. DATE	a mo Mont		D		lear .
(Type or print)					CO	»ı	OF DEATH			Day		
5. SEX	A COLOR OF PAG	as Geo	rge Grimme	BIED DIE	DATE OF BIRT	יט	DEATH	Septemel 9. AGE (in years		6th		9 50 ER 24 HRS.
Male	1.1	WIDOWE			9/22/8			lost birthday) 77 yrs.	Months	Days	Hours	Min.
	TION (Give kind of wo		Second			LACE (State	or foreign c		112 C	TIZEN O	F WHAT	COUNTRY
	FION (Give kind of wo				D-14		TO SECTION .	,,			* *******	CODITIE
13. FATHER'S NAME	ollector f	or turi	niture Co	•	14. MOTHER'S	timore				SA		
	0.1.3				14. MOTHER S							
	n Grimmel	SORCES IV	SOCIAL SECURITY	10 127 15	FORMANT	Mary	Dent					
(Yes, no, or unknown)	(If yet, give war or dates	of service)						Address				
	No		216-03-82		s.Bessi	le Gri	mel	(wife).			Child	
	ATH [Enter only one of ATH WAS CAUSED BY									ONSI	ET AND DE	EEN ATH
	IMMEDIATE CAUSE	(o)	Coronar	y Occl	usion						Sudd	en
420.1	DUE T	0								100		
Conditions, if		(b)			100				100	7990	har	
gave rise to imm (a), stating the		0								de		
cause last.	)	(c)										
PART II. O	THER SIGNIFICANT CO	NDITIONS C	ONTRIBUTING TO D	EATH BUT N	OT RELATED TO	THE TERMI	NALDISEAS	CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY ORMED?
CAT											YES 🗍	NO X
PART II. O	AUSE WAS ONTRIBUTING	20b. DESCRIB	E HOW INJURY OC	CURRED. (E	nter nature of i	njury in Part	I or Port II	af item 18.)			13	78
3 20c. TIME OF INJ		fear 204	INJURY OCCURRED	20a DI A.C	E OF INJURY	Home for-	206 401	or town)	10	numbril		/C4-1-1
20c. TIME OF INJ		Whil		facto	ery, street, office			ar town)	(C	ounty)		(State)
21, 1 certify	that I taak char	ge of the	remains descri	bed abay	ve, held an	Autapsy	/ 🗍 , Ir	spection [X]	Inau	iry [A	, and	find that
	d from: Nature					lamicide	_	ndetermined				
	1			0								
ACTUAL SIGNATURE	rustano,	KE	ules	12/11	M.D. CHIEF	MEDICAL EX	AMINER				DATE	SIGNED
SIGNATURE				41	_m.b.	ANT MEDICA		e 🗆				
EXAMINER'S NAME (Type) G	ustave H.	Fauber	t M D			MEDICAL E			5/50			
			22c. NAME DECE	WETERY OF				TION (City Jawn.	100	1	/Ct-t	a)
SEMOVAL (Special	ON 226 DATE THER	17-00		Oss	CA	2	13	70	7/1/		(Stat	e)
23. FUNERAL DIRECTA	R'S SIGMATURE	1 :01	ADDRESS 1	XW (	Will Co	240 PEC'D	BY REGIST	RAR 24b, REGI	STRAP'S S	IGNATIU	PF.	
Mc Poll	House	Hora	en 13	70K	W.X.		SEP 2 9		Tribug	- A	LOLA	
11 1000000	13350000	LALER	~ / /	e Kill	11-4	DAIR .						

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ARYLAND	STATE D	DEPARTMENT	OF HEALTH-	BALTIMORE, 18

		09822		CERTIF	ICA	TE OF DI	EATH			Reg. D	ist. No.		
1.	PLACE OF DEATH o. COUNTY Anne Aru	ındel		MARYLA		2. USUAL RESIDE a. STATE Marv		re decease	d lived. If instituti b. COUNTY	on: Reside			ion)
	b. CITY OR TOWN (IF RURAL and give nee Annapoli	arest town)	ts, write	c. LENGTH OF STAY IN	1Ъ		WN (If ou	tside corpo	prote limits, write R				)
	OR INSTITUTION	AL (If not in hospital, g				d. STREET ADDRESS e. IS RESIDION A FA							
	NAME OF DECEASED (Type or print)	Fir HIL	st	Middle HIGGS		Last		4. DATE OF DEATH	SEPT		Do 19		Year 1959
	SEX	6. COLOR OR RACE		NEVER MARRIED		DATE OF BIRTH	15.5		9. AGE (In years last birthdoy)	IF UNDE Manths	R 1 YEAR Days	IF UND	R 24 HRS. Min.
_	emale	White	WIDOW			April 14, 1894 65 yrs.							
					Germs	any		country)	12.CI	USA	WHAT	COUNTRY?	
		known					know						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give wor or dates of service)					INI	ORMANT	3K HOW		Add	ress			
	no	no		Unknown	Mr	Howard H	liggs	· Hus	band- Sar	ne es	# 2		1111
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  Ty, which  mediate ()  DUE TO	1	ne for (o), (b), and (c).]	là	l infa	refre	<u></u>			INTI	ERVAL BE	TWEEN DEATH
CERTIFICATION	PART II. OTHI			CONTRIBUTING TO DEATH						/EN IN PA	RT 1(a) 1	9. WAS PERFO YES	RMED?
MEDICAL CE	(IF EITHER, NOTIFY I 20c. TIME OF INJURY Hour a. m. p. m.	MEDICAL EXAMINER)	While	Not while		CE OF INJURY IHO			y or tawn)		(Caunty)		(Stote)
	21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	John Heder	Lew Dew	6	9M	, 19.69_, accurred at// .b/ 2/_			the causes an			stated	
220	BURIAL, CREMATION REMOVAL (Specify) BUTIAL	Sept 23,	1959	22c. NAME OF CEMETE Cedar Blu					TION (City, town,		and	(Stat	e)
23.	HOPPING F	UNERAL HOM	E AT	ADDRESS				BY REGIS	TRAR 24b. REGI		IGNATU	RE	Y FIF

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	MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE	, 18
	09823	CERTIFICATE OF DEATH	R
PLACE OF DEATH	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	2. USUAL RESIDENCE (Where deceased lived. If ins	itutian:

		0000		OLIVIII	107					Reg. Di	st. No.		
1. PLA	CE OF DEATH	HALL SELECTION				2. USUAL RESID	ENCE (Who	ere deceased			nce befar	e admiss	ion)
a. C	COUNTY	Anne Arundel		MARYL	AND	a. STATE	Marv]	land	b. COUNT		Aru	ndel	
b. C	ITY OR TOWN (	If autside carporate limits, v		c. LENGTH OF STAY II	N 1b	c. CITY OR T			te limits, write				
	URAL and give n				11.0	10 10	0 511	opanna.	Rd.	Annapo	lis		
d. N	NAME OF HOSPIT	S TAL (If not in haspital, give	street a	ddress)		d. STREET A	DDRESS					. IS RES	IDENCE FARM?
Ar	ne Arun	del General F	losp	ital		100	Silop	anna R	ld •			YES	NO 🚺
3. NA	ME OF CEASED	First		Middle		Losi		4. DATE OF	M	anth	Day	,	Year
(Тур	pe or print)	Mima	W:	illis		HOFFMAN		DEATH	Sept	ember	19		1959
5. SEX		6. COLOR OR RACE 7.	MARRI	ED NEVER MARRIEL	D	B. DATE OF BIRTH		9	. AGE (In year last birthday)	IF UNDER	-		
	nale	111111111111111111111111111111111111111	DOWE	(0.47)		March 22			7070 yr	S	Days	Haurs	Min.
10a. U:	SUAL OCCUPATION of war	ON (Give kind af wark dang king life, even if retired)	10b. K	IND OF BUSINESS OR	R INDUS	STRY 11. BIRTHPL	ACE (State of	or foreign cau	intry)	12. CIT	IZEN OF	WHATC	OUNTRY?
	House	e wife	0	wn home		Penns	ylvar	nia			U.S		
13. FAT	HER'S NAME					14. MOTHER'S	MAIDEN N	AME					
	William						cinda	a White			4		
		R IN U. S. ARMED FORCES (If yes, give war or dates of service		OCIAL SECURITY NO.	"	NFORMANT			Ac	Idress			
	no	no		none	Mrs	. Mae C.	McCre	eady-Da	ughter	- same	as	# 2	
18.		ATH [Enter anly ane cause	per-lips	far (a), (b)! and (c),]		2	( .	11	1		INTE	RVALBE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	14	PILLE 1	41	PARAL	20	MAN	ctron		ONS	5/22	LEATH
	11201	DUE TO			1		1	1			10		
	Canditions, if a				U			V					
	ave rise to i	m mediate			-	_							
	ause (a), stating	the under-											
-	ring cause last.	) (c)											11170000
CERTIFICATION 3000	PART II. OTI	HER SIGNIFICANT CONDITI	ONS <u>C</u>	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THETERMI	NAL DISEASE	CONDITION G	IVEN IN PAI	RT 1(a) 15	PERFO	RMED?
SETTE	CONTRIBUTING	CAUSE OF DEATH	. DESC	RIBE HOW INJURY OC	CURRE	D. (Enter nature a	injury in F	Part I ar Part	II of item 18.)				
		MEDICAL EXAMINER)											
WEDICAL 300	Haur a.m.		20d. IN While			ACE OF INJURY (I stary, street, affice			or tawn)	(	(County)		(State)
MEC	p. m.		ot wark	Nat while									100
21	. I certify th	a I attended the de	cease	d from Sept	. 18	19 59	. to	Sept.	19, 195	9.that I le	ast saw	the d	leceased
	/	Sept. 19.	1959			accurred at							
l di	dir.	7	114	T, did illai	ueum	accorred dig			set, city ar taw		e dule		E SIGNED
AC SIG	TUAL	Kelent A	1	laer		M.D. 121		edral S		.,			
PH N/	IYSICIAN'S Ri	chard N. Peel	er			Anna	polis	s, Md.					
	JRIAL, CREMATIC	ON, 226. DATE THEREOF		22c. NAME OF CEME	TERY O	R CREMATORY		22d. LOCATI	ON (City, tawr	, ar caunty)		(Stat	e)
B	urial	Sept 22, 19	59	St. Mary!	s C	emetery		Annan	Tia M	H			
23. FUI	VERAL DIRECTOR	'S SIGNATURE		ADDRESS		523	24a. REC'I	BY REGISTR	AR 246. RE	STRAR'S SI	10	E	
H	opping F	uneral Home	Ar	nepolis. M	/d.		DATE	L 7 33	Cu:	Low de 1	MALLAS.		

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VS A15 (4) 15M 9/5B

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MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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CERTIFICATE OF DEATH

	098	865	CERTIF	ICATE C	OF DEAT	Н		Reg. Di		- ( )	
1. PLACE OF DEATH o. COUNTY Anne A	rundel		MARYLA	o. ST	RESIDENCE (WATE	Vhere deceased	b. COUNTY	on: Resider			ilon)
b. CITY OR TOWN (I RURAL ond give ne Crowns	f outside corporate lim orest town) ville	ts, write	CALENGTH OF STAY IN		ry or town (If	outside corpo	rote limits, write R	URAL ond		rest town	1)
OR INICITITION	AL (If not in hospitol, oville State				REET ADDRESS 9 Leader	nhall S	treet				FARM?
3. NAME OF DECEASED (Type or print)	Poi Doi	rothy	Middle	Нор	lost kins	4. DATE OF DEATH	Mor S	ith	17	,	Year 19 59
s. sex Female	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED DIVORCED		uary 4,	1934	9. AGE (In years lost birthdoy) 25 yrs.	Months	Doys	Hours	ER 24 HR: Min.
10o. USUAL OCCUPATION during most of work None	DN (Give kind of work ing life, even if retired	done 10b. I	CIND OF BUSINESS OR	INDUSTRY 11.	Marylar		ountry)	12. CIT		WHAT	COUNTRY
13. FATHER'S NAME Aaron	Hopkins			14. MC	Ora Be		H				
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR If yes, give war or dates of	RCES? 16. S	OCIAL SECURITY NO.	Hosp	ital Rec	cords	Add	ress			
Conditions, if a gove rise to it couse (o), stoting lying couse last.  PART II. OTT	the under-	:}	ONTRIBUTING TO DEAT	H BUT NOT RELA	ATED TO THETERA	MINAL DISEAS	E CONDITION GIV	/EN IN PAI	RT 1(o) 1	PERFC	AUTOPSY DRMED?
PART II. OTH	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	CURRED. (Enter n	noture of injury in	n Port I or Por	t II of item 18.)	000			NOL
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d. IN While of work	Not while	0e. PLACE OF IN foctory, stree	NJURY (Home, for et, affice bldg., e	rm, 20f. (City	or town)	600	(County)	0.0	(Stote
21. I certify the olive on 9/1	of I offended the	decease 1959	ed from.				the causes or treet, city or town,	nd on th		state	
PHYSICIAN'S NAME (Type)	Dr. Ludwig		1				msville,			1500	tel
REMOVAL (Specify)	9/21/5	7	22c. NAME OF CEMET	ekt OK CREMAT	1	Bin	whyn	1-1	m	(Sto	(6)
23. FUNERAL DIRECTOR	S SIGNATURE	0.2.1	ADDRESS .	na So	1	C'D BY REGIST		ISTRAR'S S			

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	e an Astronomical Control (1) (Green)	
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TOY MASH

FOR STATE HEALTH DEPT Page ctor. P. Board FOF ICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral retained State death. Po C a kin and had Page pages | form PM3. permit, File with Office along burial-transit E and removal, Examiner's (0) 88 ò pesn cremation, to Certificate, writing the word forwarded to the Chief Medical E. L. DIRECTOR: Page 3 should be 0 prior should be forwarded to the FUNERAL DIRECTOR: agent, designated DEPUTY 0 240 p VS. A15ME 5M 7/59

CERTIFICATION

WEDICAL

Howard K. Brown

#### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA MEDICAL EXAMINER'S CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Anne Arundel MARYLAND Maryland Washington b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (Il outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) Clear Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Dorsey Run - Opposite Disposal Plant YES TO NO NAME OF Middle 4. DATE Last Month Day Yeer DECEASED OF (Type or print) DEATH 1959 September HENRY T.HWTS HOUSE 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS. birthdey) Months Hours Min. White WIDOWED [ DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Shepherdstown, W.Va. 13. FATHER'S NAME Lucy Swope House Howard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) | (If yes give wer or detes of service) Mrs. H.L. House Shepherdstown, W. Va. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) Crushing injury of chest **COMPOSITION** (b) Massive bilateral hemothorax Conditions, if env. which geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PARTIAL PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert II or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Passenger in truck which ran off roadway 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) While Not While Anne Arundel Md. 9:30 2000 et work x et work Road 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection and in my opinion Accident -Homicide death resulted from: Natural causes Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 9/1/59 EXAMINER'S William V. Lovitt, Jr., M.D. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22e. 8URIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) W. Va. Shepherdstown Reformed Burial 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Cothur & Timas

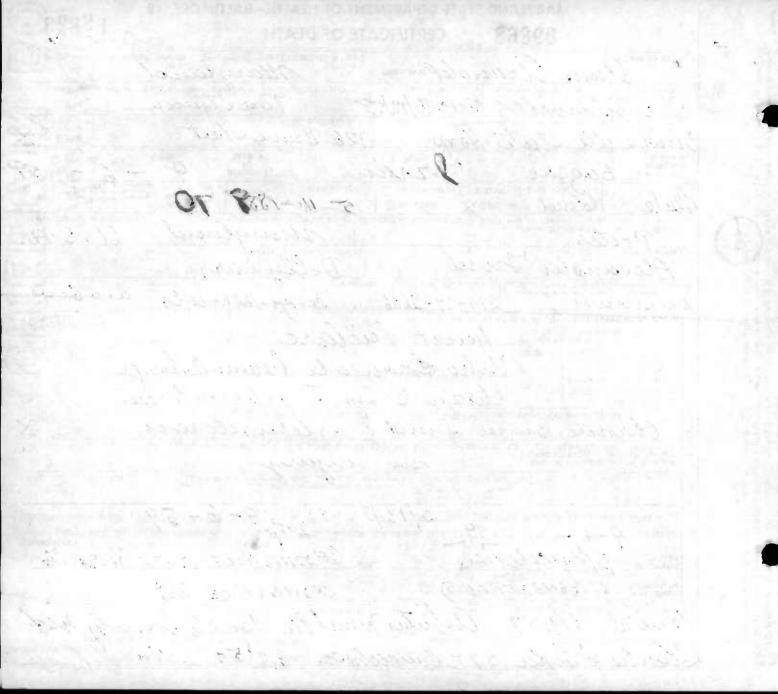
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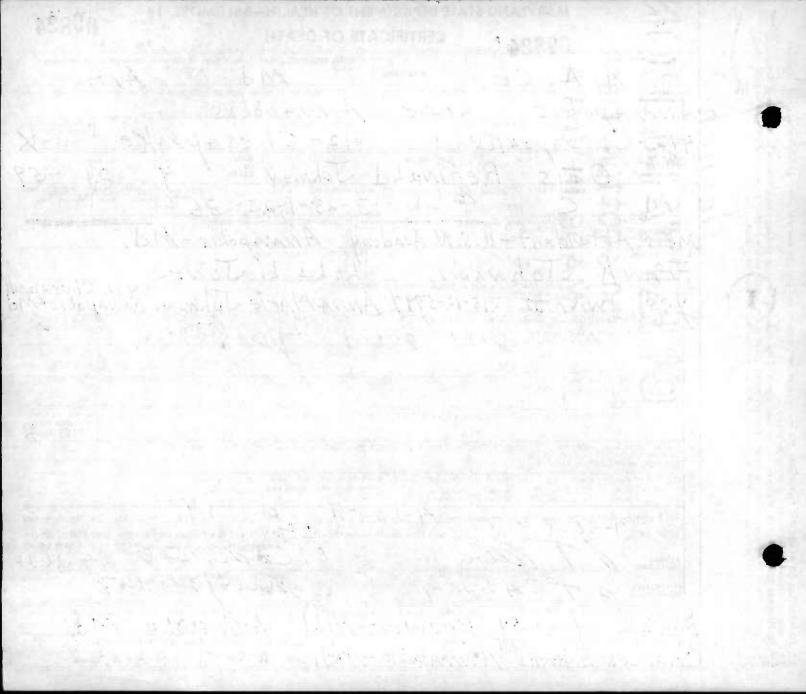
Shear atains whall lose and otherway - con come September 11 - 1459 AUG. 27.1921 9 5 Shepherdstova, W.Va. U.S.A. Lucy Swope Howard Louse . N. W. House snepherdetonn, M. W. Account on all the same of the same Person its truck which and our contact . Oh. Toleran area Charles Ville 83/1/83 Con Militan V. Moviet, etc., N. D. Shepherdstown W. Ve. Burish Sept.4.1999 Reformed 

		09868 CERTIFICATE OF DEATH  Reg. Dist. No.
director,	-	PLACE OF DEATH a. COUNTY  Quite Of DEATH Discreption County  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE  Morry County
id be fi	1	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Since 2/13/58  C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  RURAL and give nearest town)
d 2 shou	C	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION TOWNSWELLE State How. 726 Brune Sheet  ON A FARM3 YES \( \) NO
es l au	3.	NAME OF DECEASED (Type or print) Euglie Print Last 4. DATE OF DEATH 9 - 6 - 19 57
	5.	SEX 6. COOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1887 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Doys   Hours   Min.   Months   Doys   Hours   Min.   Min.   Months   Doys   Hours   Min.   Min.
\$ T	10	2. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Working life, even if retired)  Working life, even if retired)
rs of le	13	Alexander From Dolly Car;
72 hau		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Hornour (If yes, give war or dates of service) 217-09-8606 Hornour Rolling Records - as above
within		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (b)
ny even	4	Canditions, if any, which) (b) Intracturary cal beautistical
nd in a		gave rise to immediate cause (a), stating the under-lying cause last.  DUE TO  Chronic B. Sym C anterwoeler by:
iaval, a	CATION	PART JI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED YES NO
, ar ren	CERTIF	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOWNIJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ematian	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19  20d. INJURY OCCURRED Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.)  19  (Caunty) (State)
rrial, cr		21. I certify that I attended the deceased from 2/13/, 1958, to 9-6-195 Fat I last saw the deceased alive an 9-6-195 Form, from the causes and an the date stated above
ar ta bl		ACTUAL SIGNATURE MELLELICITY M.D. OROWNSVILLE STATE HOSGITAL
trar pri	1	PHYSICIAN'S L. BENEDICTM.D CROWNSVILE MS
he regit	22	Debrial, CREMATION, 226- DATE THEREOF 229 NAME OF CEMETERY OR CREMATORY Ballo (City, townfor county) (State)
B	23	EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE LIGHTLE STATEMENT
X		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



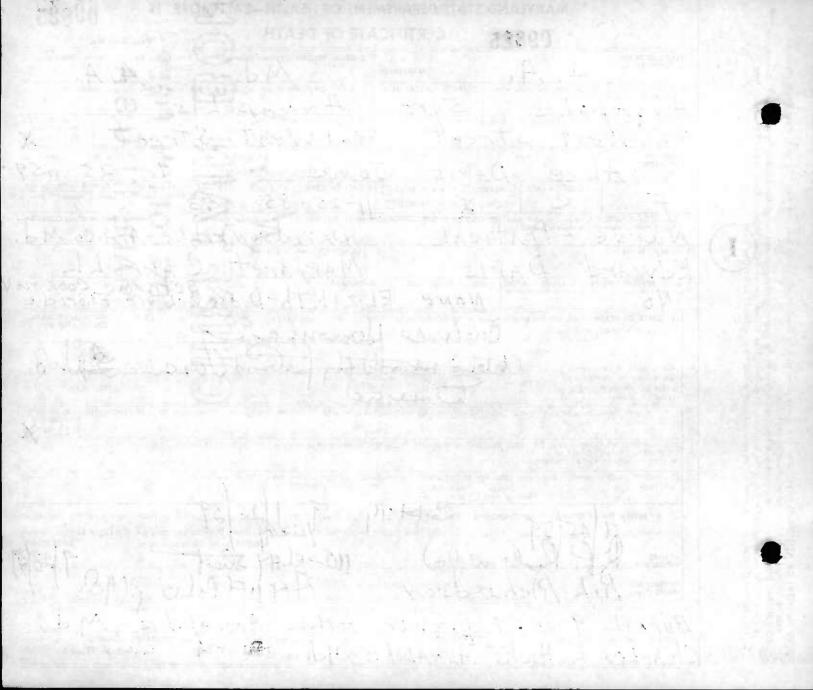
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	03003				Keg. Dist. No	).
PLACE OF DEATH O. COUNTY Anne Art	ındel	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived. If institution Share COUNT		fore admission)
b. CITY OR TOWN (II and give rearest town	Foulside corporate limits, write RURA	c. LENGTH OF STAY IN 16 2 months		autside corporate limits, write	RURAL and give n	earest town)
Glen Bur		in hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
	lor Road	in nospiral, give sireer oddress)	Same			ON A FARM?
3. NAME OF DECEASED (Type or print) Mrs	First Catherine K	Middle Cennedy	tasi	4. DATE Month OF DEATH SEDENT 91		Yeor 1959
5. SEX			B. DATE OF BIRTH	9. AGE (In years	IF UNDER TYEAR	IF UNDER 24 HRS
F	W WIE	DOWED TO DIVORCED	3/13/79	fort birthday) 80 yrs.	Months Days	Hours Min.
during most of working	ON (Give kind of work dane ng life, even if retired)  Od Housewife	10b. KIND OF BUSINESS OR INDUST	Taksonville		12. CITIZEN O	WHAT COUNTRY
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME		
Henry W	Attekser White	leather	Elizabeth	Dorman		
15. WAS DECEASED EV (Yes. no. of enknown)	'ER IN U. S. ARMED FORCES: (If yes, give war or dates al service	)	Mrs.Donald Bu	Address urket (daughter	•)	
	TH (Enter only one couse pe TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	or line for (a). (b), and (c).]  oronary Occlusion			ONSE	udden
Conditions, if o gove rise to imme (o), stating the couse last.  PART II. OTI	underlying DUE TO	ONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMI	inal disease condition giv		PERFORMED?
20g. EXTERNAL CAL PRIMARY G or CO CAUSE OF DEATH.	USE WAS 20b. DE	SCRIBE HOW INJURY OCCURRED. (I	Enter noture of injury in Por	f I or Part II of item 18.)	l`	YES 🗍 NO 🔼
ZOc. TIME OF INJU	RY Month, Day, Yeor	20d. INJURY OCCURRED 20e. PLA While Nat while fact at work at wark	ICE OF INJURY (Home, form lary, street, office bldg., etc.	1, 20f. (City or town)	(County)	(State)
	resulted fram: Nate	the remains described about a causes . Accident . Accident . Accident .		Hamicide . Undete	Inquiry 📝	
EXAMINER'S NAME (Type)		Faubert,M.D.	ASSISTANT MEDICAL	EXAMINER 9/9/5	59	
REMOVAL (Specify	9/12/59		Cemetery	Juniata,		(State)
23. FUNERAL DIRECTOR	Jaju.	skludoress	240. REC'	D BY REGISTRAR 246. REGIS	TRAR'S SIGNATUL	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for utilies. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Backer of Health, are its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. execute the certification of the security of t VS. ATSME BM 2/57

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VS A15 (4) 15M 9/5B

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

09828 Rea. Dist. No

	09	827	CERTII	FICAT	E OF D	PEATH		9 17 76	Reg. D	ist. No.		()
1. PLACE OF DEATH o. COUNTY	Anne Aru	ndel	MARYI		o. STATE	Maryla		lived. If instituti b. COUNTY		nce befor		_
Annapol:	is		6 hours	IN 16 X	R	ural -		rate limits, write F				
OR INSTITUTION	iel Genera			1	d. STREET A	ottage	e 100			•	ON A	FARM?
3. NAME OF DECEASED (Type or print)	Richar	First	Middle	30	KNIGH	1	4. DATE OF DEATH	Septe		Day 29		Year 19 <b>59</b>
5. SEX Male	6. COLOR OR RAC	7. MARK	RIED NEVER MARRIE  ED DIVORCED		rchie,	1906		9. AGE (In years last birthday) 53 yrs.		Days	Haurs	Min.
	ON (Give kind of wa rking life, even if retind CE		POLICE	R INDUSTRY		yland	or fareign co	ountry)	12. CI	U.S		OUNTRY
13. FATHER'S NAME	S RN	GH	7	1.	4. MOTHER'S	Buc	AME KOK		<b>b</b>			
15. WAS DECEASED EV (Yes, no. or unknown)		ORCES? 16.	SOCIAL SECURITY NO.	Jan	mie o	Lee 1	mig	lit Add	lress (	2)		
	ATH [Enter only one ATH WAS CAUSED B IMMEDIATE CAUSE DUE	(a) M	ne for (a), (b), and (c)	ial o	Inf.	anc	trà	1			ET AND	TWEEN DEATH
Canditions, if gove rise to couse (a), stating lying couse last	the <u>under-</u>	(c)										
ICATIO	THER SIGNIFICANT CO	rac	CONTRIBUTING TO DEA	ce +	Can	the oc	(i)	relion	VEN IN PA	RT 1(a) 15	PERFC	RMED?
	G CAUSE OF DEAY MEDICAL EXAMINE	TH	CRIBE HOW INJURY OF									
20c. TIME OF INJU Hour o. m. p. m.		While	NJURY OCCURRED Nat while k ot work		OF INJURY ( , street, office			ar tawn)		(Caunty)		(State
ACTUAL SIGNATURE		24 _	ed fram Sept 9 and that		curred at	6:45P	M, fram ADDRESS (Si dral S	the causes ar	nd an th		stated	
229 BURIAL, CREMATI EMOVAL (Saecify	ON, 22b. DATE THE		220 NAME OF GEME	etery or cr				YON (City, town,	ar caunty)		9	fi ce
23 FUNERAL DIRECTO	r's SIGNATURE	s Sur	MODRESS Commod	pole	Sond!	24a. REC'D	BY REGIST		STRAR'S S	4 .		

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Composition of New Way Street Contract Page 100 2 3 11 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		magu wall		7.4	
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		Amagolia, Mi.		of the Chargotte	PAR TOWN

ARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE,	18

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		09828		CERTI	FICA	ATE OF DI	EATH			Reg. Dis	t. No.	
1. 1	LACE OF DEATH D. COUNTY Anne A	rundel		MARY	LAND	2. USUAL RESIDE o. STATE Md	NCE (Whe	re deceased	l lived. If instituti b. COUNTY		A .	e admission)
ı	c. CITY OR TOWN (If outside RURAL and give neorest to Annapolis	corporate limits wn)	, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO			rote limits, write F	RURAL ond g	jive nea	rest town)
	d. NAME OF HOSPITAL (IF NO OR INSTITUTION Anne Arundel					d. STREET ADI	DRESS		U.S.NEE	S		ON A FARM? YES NO
1	NAME OF DECEASED Type or print)	First Albe:	rt	Middle L.		Lost Lang	е	4. DATE OF DEATH	Septemb		6 Day	Year 19 59
5. 5			7. MARRI WIDOWE	ED NEVER MARRIE	_	B. DATE OF BIRTH Oct. 14,	1870		9. AGE (In years lost birthdoy) 88 yrs.		1 YEAR Days	Hours Min.
10a	USUAL OCCUPATION (Give during most of working life, Unknown	kind of work do even if retired)		CIND OF BUSINESS O		Holla		r foreign co	ountry)		ZEN OF	WHATCOUNTRY
13.	father's name Unknown					14. MOTHER'S M		AME				
15. (Yes	WAS DECEASED EVER IN U.	S. ARMED FORC e war or dates of ser	ES? 16. S	SOCIAL SECURITY NO		NFORMANT Leonard		Lange	- Quart.		[ 98 ] [	SNEES
CATION	Canditions, if ony, whi gove rise to immedic couse (o), stoting the und lying couse tast.  PART II. OTHER SIGN	ote DUE TO (c)	ACI	ONTRIBUTING TO DEA		NOT RELATED TO T				VEN IN PART	11(0) 19	PERFORMED?
CERTIFIC	20a. ACCIDENT WAS UNDE OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	RLYING 1 2 SE OF DEATH L EXAMINER)	0b. DESC	RIBE HOW INJURY OF	CCURRE	O. (Enter noture of i	injury in P	ort I or Port	II of item 18.)			YES NO
MEDICAL	20c. TIME OF INJURY Mon Hour o.m. p. m.	th, Doy, Year	20d. IN While of work	JURY OCCURRED Not while of work		ACE OF INJURY (Ho tory, street, office b			or town)	(C	County)	(State
	21. I certify that I a alive an	ttended the of	decease ., 195	-00	death	accurred at 2	307	M, fram		nd an the		
	BURIAL, CREMATION, 22b REMOVAL (Specify) Burial	7/19/59	-1	22c. NAME OF CEME LOTTAI ADDRESS		ark Cem.			TON (City, town, Mark 24b, REGI		SNATUR	(Stote)
-	Wm. J. Tie	Kult	7x	lous - H	se	1017 1	PATESEP	1 8 '59	au	Chung & 9	Kanad	

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		CERTIFICATE OF DEATH	POSTULA NEW TANKS NO. 10 CO. 1
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		Y THE RESIDENCE	A 19 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1
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Reg. Dist. No.

00042	
1. PLACE OF DEATH O. COUNTY QUNE QUOUDE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE ///////////////////////////////////
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seven approach	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION BOX39/1- DT, 2-B.A.A.G.	-1 BOX381-M-2 -BU- A. UWWY YES NO
3. NAME OF DECEASED (Type or print) Stewart Tacob	Heash 4. DATE September 1 1959
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH  TUNDER 1 YEAR IF UNDER 24 HRS.  Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Ale Colly — Manual Colly Co	STRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S, NAME (6 AUV 45 CAlher Leash	4. MOTHER'S MAIDEN NAME 4. Cash
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	Play Heash - Wife
18. CAUSE OF DEATH [Enter only one couse per line) for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  HAS CAUSE OF PROPERTY OF COURT OF THE PROPERTY	e (andio Ouse slov Disase -
Thight Hemiplesia	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to the p. m. 19 of work of work to the p. m. 19	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from 16.7 alive on 17. and that death actual signature  PHYSICIAN'S Fehrs Suuherg  NAME (Type)	h occurred at 95. M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)  ALCOME  ALCO
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CREMOVAL (Specify) 3 Sept - 1939 Church of	FGod Cem. Gambrills, Maryland-
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  Glen Burnie	24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  Online 8. Known

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIREM R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be carbon papers. Pages 1 and 2 sy the registrar prior to burial, cremation, ar remayal, and in any event within 72 pours after death. VS A15 (4) 15M 9/55

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CERTIFICATE OF DEATH

	1197	129						Reg. Dist	l. No.		
1. PLACE OF DEATH  o. COUNTY  AN	NE ARUNDEL		MARYL		USUAL RESIDENCE (Who a. STATE MARY		d lived. If institution b. COUNTY			admissi UNDF	
b. CITY OR TOWN ( RURAL and give r  ANNAPOL)	m der	ls, write	c. LENGTH OF STAY II		c. CITY OR TOWN (If o	utside corpo EWATEI		JRAL ond gi	ive near	est tawn	)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g		address)		d. STREET ADDRESS	194			•		DENCE FARM? NO 🔀
3. NAME OF DECEASED (Type or print)	Fir LOU		Middle EUGENE		Lost MARIE JR.	4. DATE OF DEATH	Mani SEP		Doy		rear 9 59
5. SEX MALE	6. COLOR OR RACE	7. MARE	NEVER MARRIED  DIVORCED		ATE OF BIRTH  9 Mar 1897	T. S.	9. AGE (In years last birthday) 62 yrs.	IF UNDER 1	YEAR I		
during mast at wor	ON (Give kind of work of king life, even if retired cine Corps		.S.Marine C		Penn.	or foreign c	ountry)	12. CITI	ZEN OF		COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	AME					
LOUIS E.	MARIE				MARY LE	E DUV	ALL				
15. WAS DECEASEDEV (Yes, no. or unknown) Yes	ER IN U. S. ARMED FOR (It yes, give wor or doles of s WW II		SOCIAL SECURITY NO.	17. INFO	RMANT NH ANNAPOL	IS, M	Addr ARYLAND	ess			
PART I. DE,  4 20.1  Conditions, if a gave rise to cate (a), stating lying couse last.	the <u>under-</u> DUE TO	)	MYOCARDIA CORONARY	THRO	FARCTION  ABOSIS  T RELATED TO THE TERMIN	NIAI DICEAC	E CONDITION CIVI	ENI INI GADY	4	day	DEATH S
5 PULMOI	NARY EMPH	YSEM	A		nter nature of injury in P			EN IIN PAKI		PERFO	RMED?
	RY Month, Day, Yes	20d. II While of wor	Nat while	20e. PLACE factory	OF INJURY (Home, farm, , street, office bldg., etc.	20f. (City	or tawn)	(Ce	ounty)		(State)
	nat I attended the Sep	, 19_5	9, and that a	death oc	II S N I	P.M., fran	n the causes a treet, city or town, s	state)	e date	state	d abave
22a. BURIAL, CREMATH REMOVAL (Specify SUR P)	9-60-		22c. NAME OF CEMEN		EMY.	BY REGIST	TION (City, tawn, o	r county) / S TRAR'S SIGI	NATIO	(State	)
thy M.	orter + on	es C	lunop	oli,	ma, DATE SE	P 1 1 '5		Court S.			

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 uneral director, id be filed with may be retained by the haspital ar attending physician.

TO FUNERAL DISC. After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be retained for use as the burial-transit permit. Then please remaye sarban papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remayal, and in any event within 72 hages after death. TO HOSPITAL OR VS A1S (4) 15M 9/55

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	n	127	CERTIFICA	ATE OF D	EATH	1		Reg. D	ist. No	. 27	
1. PLACE OF DEATH o. COUNTY	one Amundel		MARYLAND	o. STATE	Marvl		d lived. If instituti b. COUNTY				
b. CITY OR TOWN (	ine Arundel	its, write	c. LENGTH OF STAY IN 16				prote limits, write R				
RURAL ond give n	eorest town)								give inc.		,
Herald H	IAT (If not in hospitol, g		Unk			George	e G. Mead	16			
OR INSTITUTION	IAL (If not in nospitol, (	give street	oddress)	d. STREET A		rdnan	ce Co			ON A	FARM?
3. NAME OF DECEASED (Type or print)		ohn	Middle Peter	Loss		4. DATE OF DEATH	Mon	ept.	De 7		Yeor 19 59
5. SEX			RIED NEVER MARRIED	B. DATE OF BIRTH		1111111	9. AGE (In years		RIYEAR	IF UND	ER 24 HRS
Male	Cau	WIDOW		10 July	1937		lost birthdoy) 22 yrs.	Months	Days	Hours	Min.
			KIND OF BUSINESS OR INDU	~				112. C	TIZEN C	E WHAT	COUNTRY
during most of wor	king life, even if retired	1)					7,				
Farming			Soldier		ebras			JU	nite	a St	ates
3. FATHER'S NAME				14. MOTHER'S	MAIDEN N	NAME					
Henry N	Nicholas Me	ver		U	nk.						
15. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT			Add	ress			
Yes	1958	envice)	F	Personnel	Reco	rds. I	U.S. Army	,			
IR CAUSE OF DE	ATH   Enter only one or	num ner?	ne f99 (o), (b), and (c).]						LINT	ERVAL BI	FTWEEN
	ATH WAS CAUSED BY:		ווס וניין (סן, ניון, טווס (כן, ן	0 11.					ON	ET AND	DEATH
0.00	IMMEDIATE CAUSE (	1/11	monay	Lacera	1	0			1	ud	un
929	DUE TO	7	1 10		1	#					
Conditions, if	ony, which )	. 4	rachera	2006	hel	5					
gove rise to i	immediate Dus TO		7								
couse (o), stoting	the nuder	Dr	rowning								
lying couse fost.	, ,	1									
PART II. OTI	HER SIGNIFICANT CON	iditions <u>c</u>	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o)	PERFC	NO
20a. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of	injury in f	Port J or Par	1 At of item 18.)	1	/		
UF EITHER, NOTIFY	AS UNDERLYING DEATH MEDICAL EXAMINER)	21	Tale Su	Mann	110	1 1	112000	M	11/2	111	
	RY Month, Dov. Ye	ar 204 II	NJURY OCCURRED 20e. PL	ACE OF INJURY I	lake form	204 (5:1	man	1/20	u	1	(64-4-)
20c. TIME OF INJUIT		C While	Not while	ctory, street, office	bldg., etc.	.}   201. (City	or rown;		(County)	1	(Stote)
₹ 2,4 \p.m.	9.719	of wor	k ot work to be	roll Da	tar			2	64	d	1
21. I certify th	hat I attended the	deceas	ed from	, 19	, to le	pf7.	- , 1957	.,that I	last so	w the	decease
alive on		, 19	and that death	accurred at	2141	M, fran	n the causes o	and an	the do	te stat	ed above
	(2.1)	. 0	:1				treet, gity or town,				ATE SIGNE
ACTUAL	To and	To	1 fl	/4	ne	1-0	-6 ×	e		91	SIL
SIGNATURE	) prince	1		M.D		1		7.5			1
PHYSICIAN'S NAME (Type)	E.LI.	vhi	gedf. Me	a/cci	/	Exa	mine	u.			
220. BURIAL, CREMATIC	ON, 226. DATE THEREC	)F	22c. NAME OF CEMETERY C	R CREMATORY		22d. LOCA	TION (City, town,	or county)		(Sto	te}
Removal Specify	9-10-59		Verdigre,	CEMETERY	7		igre, Ne			,	
23. FUNERAL DIRECTOR		-	ADDRESS							DE	
		121	7 St Paul St	200+	240. KEC'I	SFP 1 5	159 24b. REGI	Tribut	2 7	rand	

VS A15 (4) 15M 9/55

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may be retained by the hospital are attending physician.  O FUNERAL DIT OR: After this certificate has been signed by the attending physician and campletely filled in by sureral directions as the burial-transit permit. Then please remove carbon papers. Pages 1 and 22, vild be filled the registrar prior to burial, cremation, or remaval, and in any event within 72 hour after death.			uneral dir	ld be filed	-
may be retained by the hospital or attending physician.  FUNERAL DIT OR: After this certificate has been signed by the attending physician and campletely filled bage 3 should retached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 he registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.	ומפוז מווכו	,	in by	and 2	
may be retained by the hospital arguments are considered by the attending physician.  FUNERAL DIT OR: After this certificate has been signed by the attending physician and camploge 3 shauld celeched for use as the burial-transit permit. Then please remove carbon papers he registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.	-7 1111111		etely filled	. Poges 1	
may be retained by the hospital or attending physician.  FUNERAL DIT OR: After this certificate has been signed by the attending physician soge 3 should betached to use as the burial-transit permit. Then please remove can be registrar priar to burial, cremation, ar remayor, and in any event within 72 hours of the	200000000000000000000000000000000000000		and compl	bon papers	er deoth.
may be retained by the hospital or attending physician.  FUNERAL DI. OR: After this certificate has been signed by the attending toge 3 should cetached for use as the burial-transit permit. Then please he registrar prior to burial, cremation, ar removal, and in any event within 7	2000		9 physician	remove car	2 hours after
may be retained by the hospital or attending physician.  FUNERAL DICTOR: After this certificate has been signed by the oge 3 should retached for use as the burial-transit permit. The registrar prior to burial, cremation, or remaval, and in any events.	1000000		e attending	nen please	int within 7
may be retained by the hospital ar attending physician FUNERAL DI. OR: After this certificate has been soge 3 should cetached for use as the burial-transit he registrar prior to burial, cremation, or removal, and	1000		igned by th	permit. Th	in any eve
nay be retained by the haspital ar attending FUNERAL DI OR: After this certificate age 3 shauld retached far use as the but he registrar prior to buriol, cremation, or re	200	physician.	has been s	rial-transit	movol, and
nay be retained by the hospital or FUNERAL DI CR: After this sage 3 shauld retached for us the registrar prior to burial, cremo		r offending	certificate	e as the bu	stion, or re
FUNERAL DISCORDANCE SAGE 3 shauld Ceta		hospital a	After this	thed for us	urial, cremo
nay be reta FUNERAL page 3 shau he registrar	-	ined by the	DI	ld cetoc	prior to bu
		nay be reta	FUNERAL	oage 3 shou	he registror

VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09873 **CERTIFICATE OF DEATH**

	Keg. Dist, No.
1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
ANNE ARUNDEL MARYLAND	MARYLAND A.A
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
CLEAR WATER BEACH SLYR	KLEARWATER BEACH
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS  e. IS RESIDENCE ON A FARM?
600 FERNHILL RD	1600 FERNHILL KD YES NOB
3. NAME OF DECEASED (Type or print) LOVD CLARK	Mack  4. DATE Month Day Year OF DEATH  SEPT 10 1959
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
MALE WIJTE WIDOWED DIVORCED	Nov. 14, 1900   Strindoy) Months Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
GUARD PINKERTON	PENNSYL VANIA U.S.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DANIEL MACK	MARY SCHALEY
	INFORMANT Address
VES (19 yes, give wor or dates of service) 218-07-73381	IRS. FLORENCE MOCK SAME
IB. CAUSE OF DEATH [Enter only one cause per line for (o) (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cleute Coron	ary Mromboses 1/2 Tures
420,1 DUE TO 1. 1.	1. 4.
Conditions, if ony, which (b) Caralle ale	emplusation builtes
gave rise to immediate cause (a), stating the under.	f. B. 1- 11-11-11
lying cause last. (c) William College	Lee Ardeo-Vancular desease 6 minutes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	Cone YES NOW
20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II af item 18.)
	LACE OF INJURY IHome, form, 20f. (City or town) (County) (Stole)
Hour o. m.  White Not while to at work at work	actory, street, office bldg., etc.)
21. I certify that kattended the deceased from hely 9	1959 rollinghes 10 1939 that I last court to decree
1 1 0 0	h occurred at 10:30/1M, from the causes and on the date stated above
one different party and marketing	ADDRESS (Street, city or lawn, state)  DATE SIGNED
SIGNATURE St. M. Mc Faughlin	Paradena Md de 65 10 180
SIGNATURE:	.m.o.
PHYSICIAN'S NAME (Type) N.M.M.C.Laughlin	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) , (State)
BURGAL SEPT 14,1959 GLEN HOW	IN Men K GIEN BIDENIE MA
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Regulatione 4001 Rigerie No	My. DATE SER 1 4 '59 October & Kround
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0.1	HYARD RO BEADERS DE LES
Second Property	
No.	Design of the second se
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e hospital or attending physicion.

R: After this certificate hos been signed by the attending physicion and completely filled in by the rerol detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be moy be retained the hospital or attending physicion.

TO FUNERAL DIR.

R: After this certificate hos been signed by the attending physicion and complet poge 3 should be detached far use as the burial-transit permit. Then please remove corbon papers. the registrar priar to burial, cremotian, or remayal, and in any event within 72 fours offer death.

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of TO HOSPITAL OR

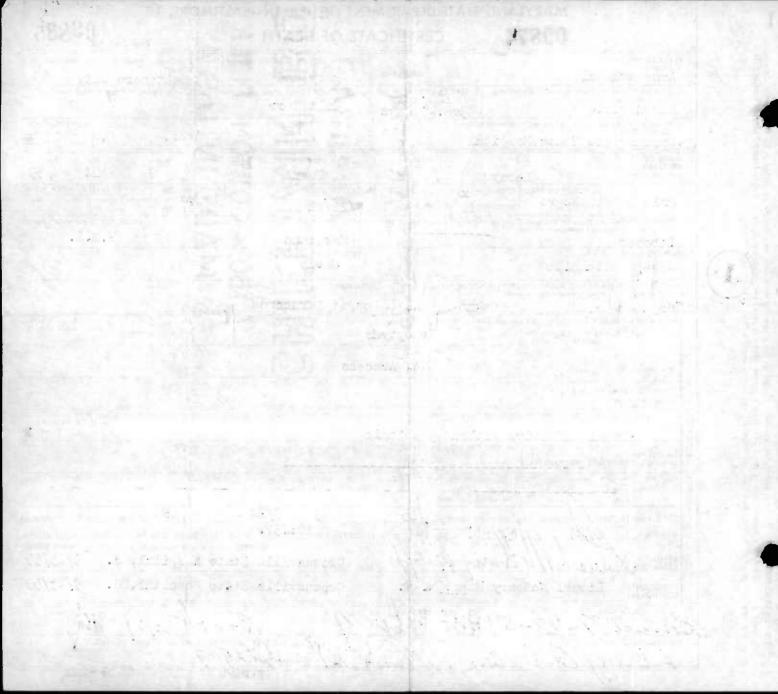
VS A15 (4) 15M 9/5B

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09874

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 9835

o. COUN	e Arundel		MARYLA	ND	o. STATE Maryland	nere deceose	b. COUNTY	imore	-		ion)
RURA	OR TOWN (If outside corporate L and give nearest town) WNSVILLE	limits, write	c. LENGTH OF STAY IN 14 years	3	c. CITY OR TOWN (IF		P 3	URAL ond		arest town	.)
OR IN	E OF HOSPITAL (If not in hospito ISTITUTION Wnsville State		address)		d. STREET ADDRESS						IDENCE FARM? NO
3. NAME C DECEASI (Type or	ED	First Leroy	Middle		lost Owens	4. DATE OF DEATH	Mon	th 9	2		Year 19 59
5. SEX Mal	e 6. COLOR OR RAI	VIDOWE	IED NEVER MARRIED  DIVORCED		7/22/22		9. AGE (In years lost birthdoy) yrs.	IF UNDE Months		Hours Hours	R 24 HRS. Min.
during	OCCUPATION (Give kind of wo most of working life, even if reti	red) 10b.	KIND OF BUSINESS OR I	INDUS	TRY 11. BIRTHPLACE (Stote Maryland	or foreign c	ountry)	12. CI	U.S	·A.	OUNTRY?
13. FATHER	s NAME eph Mitchell				Mable	NAME				6.0	
15. WAS DE	CEASED EVER IN U. S. ARMED F	ORCES? 16.	SOCIAL SECURITY NO.	11	IFORMANT		Add	ress			
No			known	H	ospital Kecol	rds					
Cond gove couse	PART I. DEATH WAS CAUSED B IMMEDIATE CAUSI  itions, if ony, which rise to immediate (o), stoting the under-cause lost.	Y: E (o) TO (b)	e for (o), (b), ond (q.] Hemopt Lung A		District St					ERVAL BE	
CATION	PART II. OTHER SIGNIFICANT C  Mental Defect CCIDENT WAS UNDERLYING  NIRBUTING CAUSE OF DEA	ive wi	thout psycho	osi				EN IN PA	RT 1(o)	PERFO	AUTOPSY RMED? NO
₹ 20c. TIA	AE OF INJURY Month, Doy,	R)	- Not while		CE OF INJURY (Home, forrlory, street_office bldg_ etc	c.)	or town)	-	(County)	-	(Stote)
21. I alive	Van III	he deceas		1	accurred at 10:45	ADDRESS (S	the causes an	d an th	e date	e stated	eceased labave. E SIGNED
PHYSIC	IAN'S Lionel Mo	Henry	Mapp M. D.	A	Crownsvil	le Sta	te Hospi	tal,M	d.	9/2	5/59
	CREMATION, 22b. DATE THE	-59	THE OFFEENER	VY OF	uy	Be	TION (City How)	or county)	7	4 6101	e)
23. FUNERA	LA DIRECTOR'S SIGNATURE	12 ils	ADDRESS SELLE	Dr	Cean of 24a. REC	1 11 41	TRAR 24b. REGI	STRAR'S S	IGNATU	RE	
1	al/					SEP 3	0 59	Online	1 27	trong,	



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ON A FARM

Year

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INTERVAL BETWEEN ONSEL AND DEATH

PERFORMED?

(Stote)

DATE SIGNED

Days

(County)

Brilling & Krama

YES NO

VS A15 (4) 1SM 9/58

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VS A15 (4) 15M 9/58 09838

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**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1	PLACE OF DEATH o. COUNTY Anne Arundel	MAR	YLAND	2. USUAL RESIDENCE (* o. STATE Maryland		lived. If institution b. COUNTY W1COM		e before o	admission)
	b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)	write c. LENGTH OF STAT	Y IN 1b	c. CITY OR TOWN (	If outside carpor	ote limits, write R	URAL ond g	ive neares	t town)
	Crownsville	32yrs.190	days	Salisbu	ry	2	112-	-2-	- 51
	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	street address)		d. STREET ADDRESS	Ball-			e. 1	S RESIDENCE
	Crownsville State Hosp	pital		Unknown					ES NO
3	NAME OF First DECEASED (Type or print) Chs	Middlerles	e	Peters	4. DATE OF DEATH	Mon		1 <b>6</b>	19 <sup>59</sup>
-		MARRIED NEVER MARR	_	3/14/86		9. AGE (In years lost birthday) 73 yrs.			UNDER 24 HRS ours Min.
Ti	00. USUAL OCCUPATION (Give kind of work don			71-71-0	ote or foreign co		12.CITI	ZEN OF W	HAT COUNTRY?
1	during most of working life, even if retired)		_	Maryland		,,		V.S.	
1	Laborer 3. FATHER'S NAME			14. MOTHER'S MAIDEN				0.0	
1	Benjamin Peters			Julia					
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES	S? 16. SOCIAL SECURITY NO	0 1	IFORMANT		Add			
	Yes, no, or unknown) (If yes, give war or dates of service			Hospital Re	cords	A00	1033		
=	NO  18. CAUSE OF DEATH [Enter only one couse		1	HOSPI CAL IC	001.00				AL BETWEEN
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDIT  200. ACCIDENT WAS UNDERLYING  200. ROMRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	VETITIS E INS CONTRIBUTING TO DI  B. DESCRIBE HOW INJURY O		The Card  Let Thes  NOT RELATED TO THE TRE			D's		WAS AUTOPSY PERFORMED?
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)			-					
	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m.	20d. INJURY OCCURRED While Not while of work of work	20e. PLA	CE OF INJURY (Home, for	orm, 20f. (City	or town)	- (0	County)	(State)
	21. I certify that attended the dalive on 9/10	1 . 1 . 778	depth	accurred at 11:2	O_M, fram	the causes an	d an the	date s	he deceased
			200						DATE SIGNED 9/10/59
	PHYSICIAN'S Lionel McHenn	ry Mapp, M. D			lle Sta	te Hospi	tal,Mo		DATE SIGNED

Acute Myocardiah Infarat
Arterios Lenotie Cardiovarendor Disease Cystitis & Polities, Protetie Hypertofy

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cuted within	em 18. Give	orm PM3.	I nermit F
cecufed within	tem 18. Give	form PM3.	Fig. Permit
executed within	Item 18. Give	th form PM3. I	Financia Permit
executed within	in Item 18. Give	rith form PM3. I	frontil permit
be executed within	I in Item 18. Give	with form PM3. I	1-transit permit
be executed within	cil in Item 18. Give	g with form PM3. I	of-transit permit
Id be executed within	incil in Item 18. Give	ing with form PM3. I	Find-transit permit
ould be executed within	pencil in Item 18. Give	lang with form PM3. I	Finish transit permit
hould be executed within	pencil in Item 18. Give	alang with form PM3. I	Burial-transit permit
should be executed within	in pencil in Item 18. Give	e alang with form PM3. I	a burial-transit permit
e should be executed within	in pencil in Item 18. Give	ice alang with form PM3. I	is a burial-transit permit. F
ate should be executed within	g" in pencil in Item 18. Give	ffice alang with form PM3. I	of a burial-transit permit. F
cate should be executed within	ng" in pencil in Item 18. Give	Office alang with form PM3. I	d as a burial-transit permit. F
ificate should be executed within	ding" in pencil in Item 18. Give	office along with form PM3. I	sed as a burial-transit permit. F
rtificate should be executed within	nding" in pencil in Item 18. Give	r's Office alang with form PM3. I	used as a buriof-transit permit. F
ertificate should be executed within	vending" in pencil in Item 18. Give	er's Office alang with form PM3. I	e used as a burial-transit permit. F
certificate should be executed within	'pending" in pencil in Item 18. Give	iner's Office alang with farm PM3. I	he used as a buriof-transit permit. F
is certificate should be executed within	"pending" in pencil in Item 18. Give	miner's Office alang with farm PM3. I	d be used as a buriof-transit permit. F
This certificate should be executed within	rd "pending" in pencil in Item 18. Give	aminer's Office alang with form PM3. I	ald be used as a buriof-transit permit. F
This certificate should be executed within	ard "pending" in pencil in Item 18. Give	Examiner's Office alang with form PM3. I	ould be used as a burial-transit permit. F
R: This certificate should be executed within	ward "pending" in pencil in Item 18. Give	Examiner's Office along with form PM3. I	should be used as a burial-transit permit. F
ER: This certificate should be executed within	e ward "pending" in pencil in Item 18. Give	al Examiner's Office along with form PM3. I	should be used as a burial-transit permit. F
NER: This certificate should be executed within	he ward "pending" in pencil in Item 18. Give	ical Examiner's Office along with form PM3. I	3 should be used as a burial-transit permit. F
NINER: This certificate should be executed within	the word "pending" in pencil in Item 18. Give	dical Examiner's Office alang with farm PM3. I	a 3 should be used as a buriof-transit permit. F
MINER: This certificate should be executed within	ig the ward "pending" in pencil in Item 18. Give	tedical Examiner's Office along with form PM3. I	a should be used as a buriof-transit permit.
AMINER: This certificate should be executed within	ing the ward "pending" in pencil in Item 18. Give	Medical Examiner's Office along with form PM3. I	Page 3 should be used as a burial-transit permit. F
XAMINER: This certificate should be executed within	iting the ward "pending" in pencil in Item 18. Give	if Medical Examiner's Office along with form PM3. I	Page 3 should be used as a burial-transit permit. F
<b>EXAMINER:</b> This certificate should be executed within	writing the ward "pending" in pencil in Item 18. Give	ief Medical Examiner's Office alang with farm PM3. I	18: Page 3 should be used as a burial-transit permit. F
L EXAMINER: This certificate should be executed within	writing the ward "pending" in pencil in Item 18. Give	hief Medical Examiner's Office alang with farm PM3.	OR: Page 3 should be used as a burial-transit permit. F
AL EXAMINER: This certificate should be executed within	e, writing the ward "pending" in pencil in Item 18. Give	hief Medical Examiner's Office alang with form PM3. I	OR: Page 3 should be used as a burinf-transit permit. F
ICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please exe-	ate, writing the ward "pending" in pencil in Item 18. Give	hief Medical Examiner's Office alang with form PM3.	OR: Page 3 should be used as a buriof-transit permit

VS. A15ME(5) 5M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0 953 CAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

1.	LACE OF DEATH	100	·	MARYLA	o STA		Where decease	b. COUN	- 11	nce before	admission)
	o. CITY OR TOWN III	outside corporate limits, write	RURAL c.	LENGTH OF STAY IN	1b c. CIT	Y OR TOWN (I	If outside corp	orote limits, wri	te RURAL and	give near	est town)
0	O.A. H.	ON INSTITUTION (	If not in hospito	give street address)	d. STR	EET ADDRESS					IS RESIDENCE ON A FARM? ES NO
L	NAME OF DECEASED (Type or print)	Berl	7.	Middle George	Ph.l.	Last	4. DATE OP DEATH	Moi	nth /	Day 2	19 5 9
5. 3	M.	6. COLOR OR RACE	7. MARRIED WIDOWED	DIVORCED [	March	27, 19	07	9. AGE (In years lost birthday) 52 yrs	Months		UNDER 24 HRS. ours Min.
100	. USUAL OCCUPATION In the contractor Contractor	N (Give kind of work of the property) I'		of Business or ini			e ar foreign ço Fla .	ountry)	US		HAT COUNTRY?
13.	FATHER'S NAME				14. MOTH	ER'S MAIDEN	NAME				
	Kirby A.	Phillips			F	lorance	Hawley				
		R IN U. S. ARMED FO		TIAL SECURITY NO.	7. INFORMANT			Addre	18		
1,,,,	no	no		09-9817	Mrs. Ve	era E. I	Phillip	s-Wife-	same a	3 # 2	2
CERTIFICATION	Conditions, if an gove rise to immed (o), stating the couse lost.  PART II. OTH  20a. EXTERNAL CAU PRIMARY   or CON	inderlying DUE TO (c)  ER SIGNIFICANT CONI  SE WAS   20	DITIONS CONTI	RIBUTING TO DEATH B					IVEN IN PART	1(a) 19. YES	ERFORMED
MEDICAL CE	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While	IRY OCCURRED 20e.	PLACE OF INJU	IRY (Home, farr office bldg., etc	m, 20f. (City	or town)	(Cou	nty)	(State)
	21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	at I took charge		ains described	Suicide,M.D. CH		e  , Un  EXAMINER   CAL EXAMINER	spection determined	], Inquir; cause [		ATE SIGNED
220	BURIAL, CREMATIO REMOVAL (Specify)	Sept. 15	2600	NAME OF CEMETERY			Annapo	ION (City, town	or county)		(Slote)
23.	FUNERAL DIRECTOR			ADDRESS apolis Md		24g, REC	SEP 1 6	AR 24h REC	Cistrar's SIG	0 1 0	4

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						December 1	
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			N. W. W.				
			Hambach More				
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			19030				
7				~ [. [			

22c. NAME OF CEMETERY OR CREMATORY

**ADDRES** 

e. IS RESIDENCE ON A FARM?

YES NO

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED? YES NO

(Stote)

(Stote)

Days

(County)

22d, LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

tay be retained FUNERAL DIRE poge 0 VS A15 (4) 15M 9/5B

after

filled

completely

pup

physician



NAME (Type) 22o. BURIAL.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

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may be retained by
TO FUNERAL DIRE
page 3 should be

VS A15 (4) 15M 10/57

PAR.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09877

### **CERTIFICATE OF DEATH**

10970

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Ume arus	ndel, MARY	LAND 2. USUAL RESID	ENCE (Where deceased live D. C.	red. If institution: Resid b. COUNTY	dence before admission)
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, w nearest lown)	c. LENGTH OF STAY	IN 16 C. CITY OF TO	OWN (If outside corporate	limits, write RURAL on	d give nearest town)
d. NAME OF HOSE OR INSTITUTION	NAL (If not in hospital, give s	treet address)	d. STREET AD 2926	DRESS. ST.	SE,	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Eva	Gertru	de Purdy	4. DATE OF DEATH	Sept-	Day Year 17 19 59
5. SEX	1 /	MARRIED NEVER MARRI	_ /1 - 00	1889 9.	AGE (In years IF UND loss birthday) Month	ER 1 YEAR IF UNDER 24 HRS.  S Doys Hours Min.
X Touse	ION (Give kind of wark done rking life, wen if retired)	106. KIND OF BUSINESS C	OR INDUSTRY 17. BIRTHPLA	CE (State or foreign count	id. 12.	CITIZEN OF WHAT COUNTRYS
13. father's NAME	en W. Qu	oden.	14. MOTHER'S A	Quea /	Colouse	2
1S. WAS DECEASED EN	ER IN U. S. ARMED FORCES? [If yes, give war or dates of service]	16. SOCIAL SECURITY NO	17. INFORMANT	£ 1. S	Rate , Address	cale, Md.
	ATH [Enfer only one cause part was caused by: IMMEDIATE CAUSE (o)	per line for (o). (b). and (c).	. , Ih.	ombosis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if gove rise to couse (o), stotin- lying cause lost	the under-	Orterwell	notice hour	Aderea	10	years
PART II. O	THER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CO	ONDITION GIVEN IN P	ART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING 20b. G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY O	CCURRED. (Enter nature of	injury in Part I ar Part II o	of item 18.)	
20c. TIME OF INJU Hour o. m. p. m	, W	Od. INJURY OCCURRED  /hile Not while work Ol work	20e. PLACE OF INJURY (He factory, street, office I	ome, form, 20f. (City or oldg., etc.)	town)	(County) (Stote)
21. I certify	hat I attended the dec		death accurred at	-		I last saw the deceased the date stated above
ACTUAL SIGNATURE	illard Fr	Smith	M.D		city or town, stole)	PATE SIGNED
PHYSICIAN'S NAME (Type)	WILLARD	F. SMIT	<i>H</i>	/		7701
220 BURIAL TREMATI	ON, 226. DATE THEREOF		HE CEME!	A	(City, town, or county	(State)
23. FUNERAL DIRECTO	Stanlon	ADDRESS 3831 4	1. (int 111/1	AGET 8 '59	24b. REGISTRAR'S	

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			Charles Little	6

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INO THIS CAME IN THE TOW REQUIRES THOST THE GEGIN CETTINGOIS DE EXECUTED WITHIN 24 HOURS OFFIC GEGIN. FORE	ospital ar attending physician.	iter this certificate has been signed by the attending physicion ond completely filled in by the heral director,	d for use as the burial-transit permit. Then please remays, carbon papers. Pages 1 and 2 s a be filed with	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
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(	)	H

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09878

**CERTIFICATE OF DEATH** 

	Keg. Dist. No.	
1. PLACE OF DEATH O. COUNTY CLUE QUULQE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before co. STATE DAY AUG D. COUNTY	voude
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 7 ambrills Cullululu	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares	t town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	Maria Change Dal	IS RESIDENCE ON A FARM? PES NO
3. NAME OF DECEASED (Type or print) Chule	QUEEN 4. DATE Month Doy DEATH SEPTEMBER 2	Year 1 1959
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	B. DATE OF BIRTH  9. AGE (In years IF UNDER I YEAR IF  10- NOUP WAY 1870  9. AGE (In years IF UNDER I YEAR IF  10st birthday) Months Days H  yrs.	UNDER 24 HRS. lours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	USTRY 11. BIRTHPLACE (Stote or foreign country) (8 ) 12. CITIZEN OF V	WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME  Gachel Hall	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.   17es. no. or unknown)   117 yes, give wor or dates of service	NOUISE Sprviggs - Gambril	15
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	ve auteriogaleratic ONSET	AL BETWEEN AND DEATH
Conditions, if ony, which gave rise to Immediate DUE TO	ed arteriosclerusis	1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		WAS AUTOPSY PERFORMED? ES NO
	RED. (Enter nature of injury in Port I ar Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while at work at work	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) actory, street, office bldg., etc.)	(State)
21. I certify that I attended the deceased from Toly alive an September 1251, and that dear ACTUAL SIGNATURE Teles alleged to the signature of the signature.	h occurred at 145 A. M., fram the causes and an the date  ADDRESS (Street, city or town, state)	
PHYSICIAN'S FROOD GULLBERG	Odenton lug-	
220. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY CONTROL SPECIFY OF 30-1959	OR CREMATORY 220 LOCATION (Gity, town, or-county)	(6161e)
2). FUNERAL DIRECTOR'S SIGNATURE ALLOW RESERVED 108 Works of Man	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE SEP 2 9 159	

IE OF DEVIN	ADMIDIN
	distribute Committee Commi
	W M CONSTRUCTION CO. IN CONTRACT OF A STATE
	The Avenue of the Avenue and Aven

VS A15 (4) 15M-9/58

09842

Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY  Anne	e Arundel	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylan		If institution: Residence COUNTY Am	
b. CITY OR TOWN (If outs RURAL ond give nearest ATI	ide corporate limits, write town)	c. LENGTH OF STAY IN 16	C. CUTY OR TOTAL SHE O		s, write RURAL ond gi	
d. NAME OF HOSPITAL (III OR INSTITUTION  Anne Arund	not in hospitot, give street	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	tost Randolph	4. DATE OF DEATH Son:	Month tember 15	Day Year 19 59
5. SEX 6. C	Negro WIDOW	RIED NEVER MARRIED .  ED DIVORCED DIVORCED KIND OF BUSINESS OR INDU	8-16-1901	9. AGE lost b	(In years irthdoy) Months yrs.	YEAR IF UNDER 24 HRS Days Haurs Min.
13. FATHER'S NAME 13. WAS DECEASED EVER IN (Yes, no, or unknown) (If yes,	U. S. ARMED FORCES? 16. give wor or dates of service)	SOCIAL SECURITY NO. 220709	14. MOTHER'S MAJDEN N	thia (	Carte Address L	Nas con
PART I. DEATH WIMM  154 ×  Conditions, if ony, v gove rise to imme couse (o), stoting the u lying couse lost.	which diote DUE TO  Output  Ou	rangulation	itruction about	ructum		10 yrsi
200. ACCIDENT WAS UN OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDI 20c. TIME OF INJURY M Hour o. m. p. m.	IDERLYING AUSE OF DEATH	CRIBE HOW INJURY OCCURRE  NJURY OCCURRED   20e. Pl  Not while   fd	D. (Enter noture of injury in land)  ACE OF INJURY (Home, form ctory, street, office bldg., etc.)	Port I ar Part II of ite	m 1B.)	ounty) (State
21. I certify that I alive an	erting T.		accurred at 11 A	4	uses and an the	t saw the deceased date stated above DATE SIGNED
220. BURIAL, CREMATION, 2 BEMOVAL (Specify) 23, FUNERAL DIRECTOR'S SIG	26. DATE THEREOF 9-18-19-59	22d NAME OF CEMETERY CO ADDRESS Wash Istolius	non	D BY REGISTRAR 2	Nown, or country  LOGICA  24b. REGISTPAR'S SIG	

the second at the property of the second at THE RESERVE TO A STATE OF THE S THE PROPERTY OF THE PARTY OF TH And the second s TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any detay is necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be VS.

5M

ion,	X no (	MEDIGAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 9843
gl-eremot	M	1. PLACE OF DEATH  a. COUNT  Anne Arundelmaryland  2. USUAL RESIDENCE Where deposed lived. If Institution: Residence Vefore admission)  a. STATE District of Columbia  b. CITY OR JOWN (If autside corporate limits, write RURAL and give nearest tawn)
buri		Cond give nearest town)  Washington, D. C. 4/1x
les. prio	099	d. NAME DANGSPITAL OR INSTITUTION district in hospital give street address)  d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?  YES \( \sigma \) NO \( \sigma \)
r yaur fi registrar		3. NAME OF DECEASED (Type or print)  First Middle Lost 4. DATE OF DEATH  Day Year OF DEATH  Death
ained fa		5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  WIDOWED DIVORCED HELD STATE OF BIRTH  9. AGE; In year IF UNDER 1YEAR IF UNDER 24 MRS.  Manths Doys Hours Min.
be ret		100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY USUAL DEVELOPMENT OF WHAT
5 may		13. FATHER'S MAME  Frederick Saville  Edna M. Britt
200		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address
		Yes Korean   579-32-4422 Margaret H. Saville-wife-Item #2
m PM permit		PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)
th far		420.1 DUE TO
iner's Office along with farm PM3. be used as a burial-transit permit.		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c) (c)
r's Office used as a	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES \( \text{NO.} \text{NO.} \text{VI.}
		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH.
dical Exam e 3 should		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)  White of work of wor
Chief Medi		21. I certify that I taak charge af the remains described abave, held an Autapsy, Inspection, Inquiry, and find that death resulted from: Natural causes Accident, Suicide, Hamicide, Undetermined cause
Dive		ACTUAL M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
o FUNERAL or removal.	2	EXAMINER'S E. LINHARON. DEPUTY MEDICAL EXAMINER 9/12/55
Por Por		Burial (Cremation, 22b. Date Thereof 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)  Arlington Nat'l Cem. Arlington, Virginia
15ME(5)		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
9/55		Robert A. Pumphrey, Bethesda, Maryland DANGEP 15'59 Colling & House

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY o. STATE Page Health, MARYLAND 10 files. b. CITY OR TOWN (It outs c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If guide corporate limits, write RURAL and give nearest town) TO RURAL INSTITUTION tif not in hospital, give street address) e. IS RESIDENCE FERN PARK. AVE. (#5203) ON A FARM? ARONdel. retained for State Bo YES NO State death. NAME OF Middle Month DECEASED DEATH (Type or print) 015 Mae hours after 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH IFUNDER TYEAR IF UNDER 24 HRS With moy Months Days Hours WIDOWED | DIVORCED T SON 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page and during most of working life, even if retired) Md. Housewife form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges Hilda Pabst Malcolm Fallin form File 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Balto. Md. [Yes, no. or unknown] (If yes, give war or dates of service) Mr. Gorman F. Schaible - 5203 Fernpark Ave. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying couse fast. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NON 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b, DESCRIBE HOW INJURY OGCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 1 20f. (City or lown) (County) (State) factory, street, affice bldg., etc.) BAU Cheselet al work 0 at work p. m. charge of the remains described above, held an Autopay 21. I certify that I took Inspection Inquiry and in my 0 og ded Suicide V. Hamicide . ppinion dept resa Natural causes , Accident , Undetermined monner ed from/ DATE SIGNED designated ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE -0 should be ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER A NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stole) REMOVAL (Specify) b 5.1959 Woodlawn, Md. Woodlawn Cem. 40 Burial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. AISME SEP Clathy & Kruns 5M 2/57

ALCOTOAL EYA MIRERES CERETIFICA OF THE STREET [2] [ALEAN TO AMARINE] [2] [AGAMAN MANIMATER BANGARAN, ALUMAN, ALUMAN MANIMATER BANGARAN . . . . INCLUSE

1. PLACE OF DEATH

OR INSTITUTION

o. COUNTY

NAME OF

DECEASED

(Type or print)

13. FATHER'S NAME

Conditions, if ony, which gove rise to immediate

couse (o), stoting the under-

lying couse lost.

20c. TIME OF INJURY

Hour 0. m

ACTUAL

PHYSICIAN'S NAME (Type)

220. BURNAL CREMATION.

REMOVAL (Specify)

WEDICAL

CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY c. CITY OR TOWALIf autside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM YES NO Middle 4. DATE Year OF DEATH 190 9. AGE (In years lost birthday) COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED Months WIDOWED | DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? uring most of working life, even if retired) 15. WAS PECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO Z 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW NURY OCCURRED. JEnter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) While Nat while of wark of wark 21. I certify that I attended the deceased from, \_\_\_\_,that I last saw the deceased 19 DEC, and that death accurred at ADDRESS (Street, city or town, state) DATE SIGNED 20c, NAME OF CEMETERY OR CREMATORY town, or county) (Stote)

24a. REC'D BY REGISTRAR

DATE SEP

24b. REGISTRAR'S SIGNATURE

Cirthur & House

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VS A15 (4) 15M 9/SS

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		Angeapelin, No.		modified in denigr	

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# FOR STATE HEALTH DEPT.

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or files. essary, please TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nece execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral dig 4 should be founded to the Chief Medical Examiner's Office olong with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boos or its designated agent, prior to burial, cremation, ar removal, and is any event within 72 hours after death.

Q Q Q VS. A15ME 8M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09847

		098	37						Reg.	Dist. No		
	PLACE OF DEATH	000				2. USUAL RESIDENCE	(Where decea			dence bef	ore admi	ission)
	Anne Arun			MAR	YLAND	Maryland		b. COUNT	e Ar	umd e	1	
	o. CITY OR TOWN (If and give request town)	outside corporate fimils, writ	RURAL	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN	(If outside cor		-			wn)
	Annapolis			Marine and		Annapolis						
		L OR INSTITUTION	If not in ho	spital, give street addre	58)	/ d. STREET ADDRESS						SIDENCE
		e Arundel	Gener	al Hospital		2026 West	Street					A FARM?
3.	NAME OF DECEASED	Fir	s1	Middle		Losi	4. DATE OF	Mont	h	Day	Y	ear
	(Type or print)	DUAN	E (	CHANEY	SHAF	FER	DEATH	SEPTE	MBER	19	1	959
5,	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	0 🔲 8.	DATE OF BIRTH		9. AGE (In years lost birthday)	-			ER 24 HRS.
]	Male	White	WIDOWE	D DIVORCED	XX	April 7,190	9	50 yrs.	Manths	Days	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work life, even if retired)	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stol	te ar fareign i	country)	12. CI	TIZEN OI	WHAT	COUNTRY?
	Plumber		Ci	ty Filtrati	on P	lant An	napoli	s. Md.		USA		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	Charles	Shaffer				Viola C	haney					
15.  Ye		R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. 16	IFORMANT		Address				
	no	no	2	19-12-3589	Но	spital Reco	rds					
		H [Enter only one cou	se per line	for (a), (b), and (c).]						INTER	VAL BETWE	£Ne*
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Co	oronary dis	ease					Onse	AND DE	
	420.1	DUE TO										
A	Conditions, if an											
	gave rise to immed	iate cause			-							
	(o), stating the u	nderlying (c)										
Z	PART II. OTH			ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERM	MINAL DISEAS	F CONDITION GIV	FN IN PA	PT 1(a) 19	2 WAS	AUTOPSY
6							, THE DISERS	e conomon on	CIA IIA I A		PERFO	RMED?
S	200 EYTERNAL CALL	SE WAS In	L DESCRIP	E HOW INITIAL OCCU	DDED /E	41.		4.1.			ES 🗍	ио 🗶
CERTIFICATION	200. EXTERNAL CAUSE OF DEATH.	TRIBUTING []	U. DESCRIB	Natural		nter noture of injury in Po	of For Fort It	of item 18.)				
3	20c. TIME OF INJUR	Y Month, Day, Yes	r 20d.		De. PLAC	E OF INJURY (Home, for	m, 20f. (City	y or town)	(Ce	ounty)		(State)
MEDICAL	Hour a.m.	9-19-59 19	) While	e Not while ork of work	facto	rry, street, office bldg., et	c.)					
	21. I certify the	al topk charge	afthe	regions describe	d abo	ve, held an Autop	sy 🔲, I	nspection X,	Inqu	гу [Х],	an	d in my
	opinian death	esulted fram: 1	Vatura	duses A. Acci	dept)	], Suicide [],	Hamicide	, Undete	rmined	manne	П	
			7	1	//							
	ACTUAL	Mus.	ill	100/10/	/ ,	M.D. CHIEF MEDICAL	EXAMINER [				DATE S	IGNED
		110		The state of the s		ASSISTANT MEDI	CAL EXAMINE	R 🗀				
	EXAMINER'S ELY	ner G. Link	nardt			DEPUTY MEDICAL	EXAMINER S	Sent	19.	1959	)	
220	BURIAL, CREMATION			22c. NAME OF CEMET	ERY OR			TION (City, town,		-///	(State	1
Bı	REMOVAL (Specify)	Sept.22.	1959	St. Mary								
	FUNERAL DIRECTOR'S		1	ADDRESS	5 00		Anna po	RAR 24b. REGIS	ylan	GNATUR	E	
H	PPING FIIN	ER LA HOME	X/nn	nnolia Mam	~~? ~ ~		EP 2 4		Jan 4			

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VS. A15ME(5)

5M 9/55

MARYLAND STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE	, 18
MEDICAL EX	AMINER'S	CERTIFICATE	OF DEATH	Re

09848

			מיסחת	0			Reg. Dist. No.
)		LACE OF DEATH	ne Arvi	ndel MARYLAND	O STATE	Where deceased lived. If In b. COL	stitution: Residence before admission) JNTY Q Q
	Ь	CITY OR TOWN (If	outside corporate limits, write RU	c. LENGTH OF STAY IN 16 2 4Ears	c. CITY-OF TOWN (	l'autside corporate limits, w	rile RURAL and give nearest town)
	d	. NAME OF HOSPITA	AL OR INSTITUTION (IF no	at in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	2	NAME OF DECEASED Type or print)	Pauline	E, Middle	Sharpe .	4. DATE OF DEATH Sep	onth 2 Day Year 1959
	5. S	EX F	14/	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH ADV. 6 19	9. AGE (In year lost birthday)	IF UNDER 1YEAR IF UNDER 24 HRS.  Months Days Haurs Min.
	10a.	uring/mest af warkin	ON (Give kind of work dang g life, even of retired) Wile	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SIGN	on (c. Ieuc	12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	1	rester l	N. MEAN.	S		WINBORN	Jan RI
		was deceased eve	ER IN U. S. ARMED FORCE (If yes, give war or dates of servi		Bessley Clin	ton Sharp	ANDREWS A.F. Base
		And the second second second	Company of the second	per line for (a), (b), and (c).]	. 1/1	/ 1	INTERVAL BETWEEN ONSET AND DEATH
		PART 1. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Strangulati	ion by	ransing)	immedial e
		974X	DUE TO	71 10 1.	1		Alcolor
		Canditians, if a	ligte cause	Mental de	pression		years
		(a), stating the s	onderlying DUE TO				
)	CERTIFICATION			IONS CONTRIBUTING TO DEATH 8UT	NOT RELATED TO THE TERM	AINALDISEASE CONDITION	GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
	CERTIFIC	20g. EXTERNAL CAL PRIMARY & or CON CAUSE OF DEATH.	JSE WAS NTRIBUTING (	DESCRIBE HOW INJURY OCCURRED!	(Enter nature of injury in Po	SUICIC	de)
	MEDICAL	20c. TIME OF INJUS	Selit 23 19 5	20d. INJURY OCCURRED 20e. PI While Nat while fa at work at work	ACE OF INJURY (Hame, far clary, street, affice bldg., et	m, 20f. (City or town)	(County) (Stale)
		1	at I taak charge a	f the remains described ab	ove, held an Autap	sy [], Inspection	Inquiry X, and find that
		death resulted	from: Natural car	uses . Accident . S	vicide 🔀, Homicid	e [], Undetermine	d cause [].
			To interest	Fish H			DATE SIGNED
		SIGNATURE_	recare	0-01min	M.D. CHIEF MEDICAL I	V - V - V - V - V - V - V - V - V - V -	alast
		EXAMINER'S NAME (Type)	VILLARD	F. SMITH, A	DEPUTY MEDICAL	CAL EXAMINER	7/24/59
	220 R	BURIAL CREMATION REMOVAL (Specify)	Sept 24, 193	9 Hughes Funera	R CREMATORY	400 E. Jefter	son Blud, Dallas Texas
	23.	FUNERAL DIRECTOR	S SIGNATURE	Talisale red	24a. REC		EGISTRAR'S SIGNATURE
	12	useard l	7		DATE	SEP 2 9 '59	Orthus & Krank

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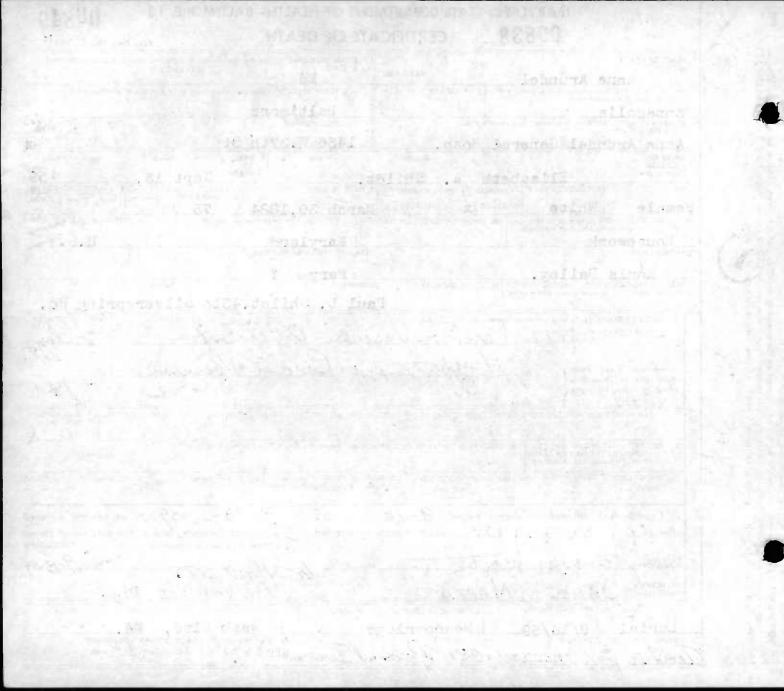
# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09849

	098	338 CER	TIFICA	ATE OF DEATH	1	Reg.	Dist. No.	
1. PLACE OF DEATH o. COUNTY	ne Arunde	۸ ۸	ARYLAND	2. USUAL RESIDENCE (WI o. STATE		If institution: Resi COUNTY	dence before o	dmission)
b. CITY OR TOW!	N (If outside corporate lin		TAY IN 16	c. CITY OR TOWN (IF	outside corporate limi	ts, write RURAL a	nd give nearest	town)
Annano]				Baltimo	re	3 VO1.	16	
d. NAME OF HOS	SPITAL (If not in hospital.	give street oddress)		d. STREET ADDRESS				RESIDENCE
	undel Gen	eral Hosn.		1436 W.37	th St			S NO
3. NAME OF DECEASED (Type or print)	F	irst Mic	ddle Shila	Last	4. DATE OF	Month	Day	Yeor 19 5 9
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MA	RRIED	8. DATE OF BIRTH	9. AGE	(In years IFUN	DER 1 YEAR IF	UNDER 24 H
Female	White	WIDOWED TO DIVO	RCED	March 30.18		oirthdoy) Mont	ns Days He	ours Min
Oa. USUAL OCCUPA	ATION (Give kind of work	done 10b. KIND OF BUSINES					CITIZENOFWE	AT COUNTR
Housev	vorking life, even if retire	d)		Maryland			П.	Q
3. FATHER'S NAME	VOLK			14. MOTHER'S MAIDEN			U	0.
Torre	a Dedlam			Mann 6				
	S Bailey.	RCES? 16. SOCIAL SECURITY	NO. I	Mary ?		Address	0-1-1	
(Yes, no, or unknown)	(If yes, give wor or dates of	service)		aul D. Shil	4+ 4212	Stleran	annina	Da
TIR CAUSE OF	DEATH (Enter only one of	couse perstine for (o), (b), and		aul D. Dilli	00.4010	DITAGL		AL BETWEEN
	DEATH WAS CAUSED 8Y:	ouse partine for (o), (b), and	(c).	. 1 00	- O. V			AND DEATH
	IMMEDIATE CAUSE (	or cerebro-	- vas	cular or	very		1	-Clay
443X	DUE TO	1/1/1/0-	1	P	7- 1/-	0		00
Conditions, is		b) 17 yper	llus	we and	10-10si	ular	1	4 .
couse (o), stati	ng the under DUE To	0			Di	1eac	4	Jul 1
lying couse lo		(c)						
PART II. (	OTHER SIGNIFICANT COS	NDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	inal disease cond	ITION GIVEN IN	P	VAS AUTOPS ERFORMED?
OR CONTRIBUTI	WAS UNDERLYING AND CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJUR	Y OCCURRE	D. (Enter noture of injury in	Port I or Port II of ite	em 18.)		
20c. TIME OF IN.	m,	ear 20d. INJURY OCCURRED While Not while of work of work	20e. PL	ACE OF INJURY (Home, forn ctory, street, office bldg., etc	20f. (City or town	)	(County)	(Sto
		0	11	~F	0 /2	~		
21. I certify	that I attended the	4-7-	=//	, 19.29, to	7-13-	, 1959, that I	last saw th	ie deceas
alive an	1-12-	1927, ond th	hat death		M, fram the ca		the date st	
ACTUAL	L (1)	1.		AM	ADDRESS (Street, city	or town, state)		DATE SIGN
SIGNATURE	Terms 191	Martin		M.D.	Ham - 8	9		7-13-5
PHYSICIAN'S NAME (Type)	JAMES A	MARTIN	130	62	ANNAP	ahis il	40	
	TION, 22b. DATE THERE	OF 22c. NAME OF C	EMETERY O	R CREMATORY	22d. LOCATION (Ci	ty, town, or coun	ty)	(Stote)
REMOVAL (Spec		9 Meadon			Wash B		d.	
3. FUNERAL DIRECT		ADDRESS		24- 050	D BY DECISTRAD	24b. REGISTRAR'S	SIGNATURE	
Tuotin)	E Sanova	un/-3818 A	dan	Twe DATESE	P 1 5 '59	Orthun .	& thomas	
MARKE OF THE PARKET	12/100/000	7.0	Con	J COL - DAIL				

VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09850

e. IS RESIDENCE ON A FARM?

YES NO

Year

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Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

PERFORMED? YEŞ 🔲

(State)

(County)

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(State)

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TO HOSPITAL OR A moy be retained TO FUNERAL DIREC VS A15 (4) 1SM 9/S8

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09881 CERTIFICATE OF DEATH 09851

	00001					Keg. Dist.	No.	
1. PLACE OF DEA a. COUNTY Anne A		MARYLAND	2. USUAL RESIDENCE (WI a. STATE Maryland	here deceased	b. COUNTY	n: Residence	before adr	missian)
b. CITY OF TO	WN (If autside carporate limits, write jive nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	autside carpar	are limits, write Ki	JKAL and giv	e negrest to	awn)
Crowns		13yrs.9months	Baltimore		3	VO/-	4	
OR INSTITUT			d. STREET ADDRESS			758	10	RESIDENCE
	ville State Hospi	tal	884 W. Fai	rmount	Street		YES	□ NO ■
3. NAME OF DECEASED (Type or print)	John	Middle Hen <b>ry</b>	Simms	4. DATE OF DEATH	Mant 9	h	Day 12	Year 19 59
S. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH		P. AGE (In years	IF UNDER 1	YEAR IF UN	NDER 24 HRS
Male	Negro widow		10/15/36		last birthday) 22 yrs.	Manths D	ays Hau	rs Min.
10a. USUAL OCCU during mast a	PATION (Give kind af wark dane 10b f warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State		entry)		S.A.	TCOUNTRY
13. FATHER'S NAM			14. MOTHER'S MAIDEN I				~	
Ja	cob Simms		Clara Gum	aby		~		
	DEVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	NFORMANT		Addr	ess		
Unknown	(If yes, give war or dates of service)	Unknown H	ospital Recor	ds				
- 18. CAUSE O	F DEATH [Enter only one cause per						INTERVAL	BETWEEN
			T Compt			1 - 4	ONSET AL	ND DEATH
353	IMMEDIATE CAUSE (a) A DUE TO	cute Myocardial	. Inlaret					
	if any, which ) (b) E	pileptiform Con	vulsion					
	ta immediate of the under-	pilepsy - Grand	Mal - Conger	nital				
Z PART II	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1	(a) 19. WA	AS AUTOPSY
CATIO		Defective					PER	FORMED?
OR CONTRIBU	IT WAS UNDERLYING 120b. DE UTING 120b. DE UTING 120b. DE UTING 120b. DE UTING 120b. DE	SCRIBE HOW INJURY OCCURRED	D. (Enter nature af injury in	Part I ar Pari	II af item 18.)			
20c. TIME OF I	. m. While		ACE OF INJURY (Hame, farm stary, street, affice bldg., etc.		ar tawn)	(Ca	unty)	(State
	y that I attended the decea	sed from _// 6/12	, 1944 , to 9	7/12	159,	that I last	saw the	deceose
olive on	9/12/ 1/1/19	59 And that death	accurred at	M. from t	he causes and	d on the	dote stol	ed abave
	1/	. /// 04/			eet, city ar tawn,			ATE SIGNE
ACTUAL SIGNATURE	Xushell/ Tob	711/40	M.D. Crownsvil	lle Sta	te Hospi	tal, Mo	1. 9	/14/5
PHYSICIAN'S NAME (Type)	Dionel McHen	Mapp, M. D.	Crownsvi	lle Sta	te Hospi	tal,Md	. 9	/14/5
PREMOVAL (SP	ecify) CIIETE	7 U. H	d- Wed Solo	Bal	ON City, town, o	r county)	2d. "	itate)
23. FUNERAL DIREC	CTOR'S SIGNATURE	DDRESS/	24a. REC	EP TEGISTE	O I	TRAR'S SIGN		

the resolution administration of The state of the s Treet - between A VERSION DESCRIPTION OF THE PROPERTY OF THE P divise Se to the Walls The same of the sa 

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09852 MEDICAL EXAMINER'S CERTIFICATE OF DEATH please execrematian, Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY O. STATE b. COUNTY MARYLAND urial Page b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET prior files. YES NO NAME OF L Year Middle DATE Month Day DECEASED OF DEATH (Type or print) 19 0 for 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 9. AGE (In yours IF UNDER TYEAR IF UNDER 24 HRS. the retained Months Days Hours Min. WIDOWED | DIVORCED 3 10 with yrs. death Oa. USTAL OCCUPATION (Give kind of work done 10p. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (Stale or foreign country)

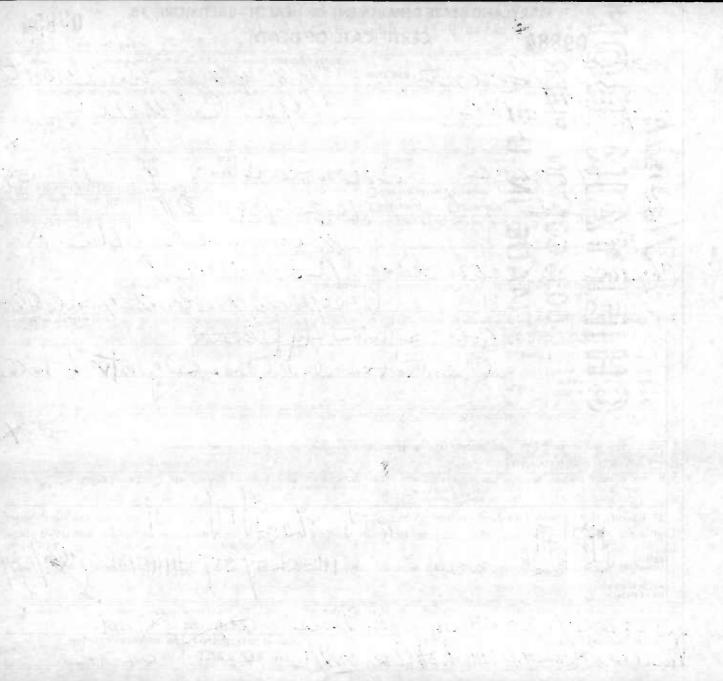
ANEM OWER OWNER 12. CITIZEN OF WHAT COUNTRY? N pup pup after pe 13, FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Pages 5 Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Give PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) burial-transit DUE TO Canditions, if ony, which gave rise to immediate cause alang DUE TO (a), stating the underlying couse lost. O Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY OS PERFORMED? NO CERTIFIC 20g. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 3 should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour While a. m Not while at work at work p. m. writing 21. I certify that took charge of the remains described above, held an Autopsy ... Inspection M. Inquiry and find that OR: death resulted from / Natural causes Accident . Suicide | Hamicide . Undetermined cause MEDICAL ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATUR DO forwarded to FUNERAL ASSISTANT MEDICAL EXAMINER remaval **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINED 220. BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LORATION (City, town, or county) MOVAL (Specify) EUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. PEGISTRAR'S SIGNATURE VS. A15ME(5) Cirilar & Kraus 2 3 '59 DATESEP 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09885

**CERTIFICATE OF DEATH** 

09855

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	A. A.		MARYLAND	2. USUAL RE o. STATE	SIDENCE (Wh	Tel Kees	lived. If institution b. COUNTY		ce before	e odmiss	ion)
RURAL and give ne	1 2 1 4	s, write	c. LENGTH OF STAY IN 16	Joseph		1 -1	ofe limits, write f	RURAL and g	give near	rest tawn	)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, g	ive street o	ddress)		ADDRESS	a 3 m	( 13				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fin		Middle	C=-1	ost	4. DATE OF DEATH	Mar	nth	Doy		Year
5. SEX			ED NEVER MARRIED	8. DATE OF BIT	RTH		P. AGE (In years last birthday)		1 YEAR		ER 24 HRS.
100 USUAL OCCUPATIO	NN (Give kind of week o	WIDOWEL	DIVORCED CIND OF BUSINESS OR IND	Sept	PLACE CONTE	98	yrs.				COUNTRY
during most of wark	ing life, even if retired)	ione 100. K	CIND OF BUSINESS OR IND	Jaki II. Bikin	Mar)	Mark C	- [	12. (1)	IZEN OI	. WITAI	COUNTRY
13. FATHER'S NAME	~ 1.			14. MOTHER	S'S MAIDEN N	IAME	,	7. 10			
	ge Gil	63		1=H~	MIG	· Mr	LPPID	15			
15. WAS DECEASED EVEI [Yes, no. or unknown)	R IN U. S. ARMED FORG If yes, give war or dates of se		OCIAL SECURITY NO. 17.	INFORMANT	St	a Rk	S Frie	iress = MdS	hir	> 1'	ut
	nmediate	(d	e for (a), (b), and (c))	ela o	Kem	P &	men			RVAL BE	
lying cause last.	the under-					13-1					
PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED	TO THE TERMI	NAL DISEASE	CONDITION GIV	VEN IN PART	T 1(o) 15	PERFO	AUTOPSY PRMED?
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature	of injury in P	ort 1 or Part	II of item 18.)				
20c, TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Yea	While at wark	_ Nat while _ f	LACE OF INJURY octory, street, off	(Home, farm, ice bldg., etc.	20f. (City (	or tawn)	(0	County)		(State)
21. I certify the alive on	at lattended the	decease , 19_/	d from feel, and that deat	h occurred c	2, 109	AM, from ADDRESS (Str.	the causes of the cause of	Z.,that I I and on th			
220 BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREO	F 79	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATI	ON (City, town,	or county)	,	(Slot	1 -
23. FUNERAL DIRECTOR'	SSIGNATURE	-	ADDRESS			BY REGISTR	3500	STRAR'S SIC			
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O. COUNTY  Anne Arundel  b. CITY OR TOWN (if outside corporate limit, write RURAL and give nearest town)  Annapolis  d. NAME OF MOSPITAL (if not in haspital, give street address)  Annapolis  d. NAME OF MOSPITAL (if not in haspital, give street address)  Anne Arundel  General Hospital  3. NAME OF DECEASED  (Type or print)  Donald  Birch  STEVENSON  STEVENSON  STEVENSON  STEVENSON  B. DATE OF BIRTH  September  29 1956  5. SEX  6. COLOR OR RACE  7. MARRIED  WIDOWRCED  DIVORCED  DOWNCED  NEVER MARRIED  B. DATE OF BIRTH  P. AGE (in year) in tribudey)  62 yrs.  Months Days Hours Morting fits, with if mitred)  War Plans  Annie Birch  13. FATHER'S NAME  George W. Stevenson  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  Annie Birch  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If year) in survival and of the print of the pri	-	PLACE OF DEATH	098	00		2 HISHAL PESIDENCE	(Where deceases	d lived of institution	Reg. D			ionl
D. CITY OR TOWN If countide corporate limits, write RURAL and give negretal town) Annapolis  d. NAME of Postrikal (find in hospital, give street address) OR NAMEOR POSTRIAL (find in hospital, give street address) OR NAMEOR POSTRIAL (find in hospital, give street address) OR NAMEOR POSTRIAL (find in hospital, give street address) OR NAMEOR POSTRIAL (find in hospital)  J. NAME OF BOSTRIAL (find in hospita			Anne Arun	del	MARYLAND	o. STATE						
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Part								62 yrs.		,		
3. FATHER'S NAME  George W. Stevenson  S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  The mo. of unknown)  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY, DUE TO  Conditions, if any, which gove rise to immediate cause (o), stating the under line (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (o)  PROTECTION OF THE CONTRIBUTION OF THE CONTR		during most of work	cing life, even if refired	done 10b. KIND (	OF BUSINESS OR IND	The state of the s		ountry)	12.CI1		_	OUNTRY
George W. Stevenson  S. WAS DECRASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Olive H. Stevenson  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS  PART II. OTHER SIGNIF			Analyst	U.S	Gov't.					U.	S.	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (If yes, give wer or dotte of service)   16. SOCIAL SECURITY NO.   INFORMANT   Olive H. Stevenson #2      18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c).     PART I. DEATH WAS CAUSED BY:	3.	. FATHER'S NAME				14. MOTHER'S MAID	EN NAME					
(If yes, give wor or dates of service)   Olive H. Stevenson #2		Geor	ge W. Ste	venson		Ann	ie Biro	ch				
Cause (o), stating the under lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO PERFORMED VES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)  20c. TIME OF INJURY Manth, Doy, Year While at work of at work of a work of		118 CALISE OF DEA	TH (Enter only one co	use per line for le		JAAVO III D	CCVCIISC	722 11 2		LINITI	DVAL RE	TWEEN
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20c. TIME OF INJURY Manth, Doy, Year Mour o. m., p. m.  21. I certify that I attended the deceased fram Sept. 21 , 19.59, to Sept. 29, , 19.59, that I last saw the deceased live an Sept. 29, , 19.59 , and that death accurred at 9:05AM, fram the causes and an the date stated about a signature  ACTUAL SIGNATURE  PHYSICIAN'S Samuel Borssuck  Annapolis, Md.  20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)  20f. (City or town) (County) (Samuel Borssuck at white at work at		PART I. DEA  / G 3 ×  Canditions, if o gove rise ta i cause (o), stating	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which (b) mmediate	ge ge	o), (b), ond (c).]					INTI	SET AND	DEATH
Hour o. m. p. m.  19 While at work at work to tocory, street, office bldg., etc.)  21. I certify that I attended the deceased fram Sept. 21 , 1959, to Sept. 29, 1959, that I last saw the deceased live an Sept. 29, 1959 , and that death accurred at 9:05A M, fram the causes and an the date stated about ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE M.D. Amos Garrett Blvd. 9/29/59  PHYSICIAN'S NAME (Type) Samuel Borssuck  Annapolis, Md.  22c. NAME OF CEMETERY OR CREMATORY  22d. BURIAL, CREMATION, 22b. DATE THEREOF  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, town, or county) (Stote)	ICATION	PART I. DEA  // 3 X  Canditions, if of gove rise ta it cause (o), stating lying cause lost.  PART II. OTH	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which mmediate the under- (c)	DITIONS CONTRIB	Cay buting to DEATH BL	land (le	V) ERMINAL DISEASI	E CONDITION GIVI		ONS	3 m	AUTOPS'
alive an Sept. 29, 19 59, and that death accurred at 9:05A M, fram the causes and an the date stated about ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  Samuel Borsuck  Annapolis, Md.  22a. BURIAL, CREMATION, PRINCIPAL (Specify)  PHYSICIAN'S NAME (Type)  Samuel Borsuck  Annapolis, Md.  22b. DATE THEREOF  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, town, or county)  (Stote)	CERTIF	PART I. DEA  / 6 3 X  Canditions, if o gove rise ta i cause (o), stating lying cause lost.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which the under- (c)  IER SIGNIFICANT CON  SUNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS CONTRIB	Cay buting to DEATH BL	land (le	V) ERMINAL DISEASI	E CONDITION GIVI		ONS	3 m	AUTOPS)
NAME (Type) Samuel Borssuck Annapolis, Md.  22a. BURIAL, CREMATION, 22b. DATE THEREOF PRINCIPLE (Stote) REMOVAL (Specify) REMOVAL (Specify	CAL CERTIF	PART I. DEA  Canditions, if o gove rise ta i cause (o), stating lying cause lost.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  my, which mmediate the under- (c  IER SIGNIFICANT CON  CAUSE OF DEATH MEDICAL EXAMINER)  Y Manth, Doy, Yee	DITIONS CONTRIE  20b. DESCRIBE H  ar 20d. INJURY ( While N	BUTING TO DEATH BLOW INJURY OCCURRED of white	Dung (learned to the talk to t	ERMINAL DISEASI y in Part I ar Port	E CONDITION GIVE	en in Pai	RT 1(o)	3 m	AUTOPS RMED?
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É	nay	FU	Boc	the registrar prior to burial, cremation, or remayal, and in any event within 72 hours often death.
So I Service De executed million of the low led in the low led the low led in the low led	May be retained, he haspital ar attending physician.	TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the	page 3 shauld be detached for use as the burial-transit permit. Then please remave carban-regiers. Pages 1 and 2 should be filled	+
S	Al	5 (	4)	
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	0988	S CERT	IFICA	TE OF DEATI	Н		Reg. Dist. N	1985
a. COUNTY	Anne Arun	iel MAR	YLAND	2. USUAL RESIDENCE (W. o. STATE Md.	here deceased liv	ed. If institution b. COUNTY	AA	efare admission)
b. CITY OR TOV RURAL and g	NN (If autside carporate limits, ive rearest tawn) Severn	write c. LENGTH OF STAY	Y IN Ib	c. CITY OR TOWN (IF	autside corporate evern	limits, write RL	JRAL and give I	nearest tawn)
d. NAME OF HOOR INSTITUT	OSPITAL (If nat in haspital, give ION	street address)		d. STREET ADDRESS				IS RESIDENCE     ON A FARM     YES NO
3. NAME OF DECEASED (Type or print)	First Niche	olas		incheomb	4. DATE OF DEATH	Sep		Day Year 4 19 5
5. SEX	7.7	MARRIED NEVER MARR		DATE OF BIRTH	6 9.	AGE (In years ast birthday)	Manths Day	AR IF UNDER 24 H
during most of	PATION (Give kind of wark dar f warking life, even if retired) P	Own Farm			ar fareign count	(γ)	12. CITIZEN	OF WHAT COUNT
3. FATHER'S NAM	shua Stinchc	omb	- 39	14. MOTHER'S MAIDEN I	e Boyer	2		
15. WAS DECEASED (Yes, no. or unknown)	DEVER IN U. S. ARMED FORCE		o. INF	ormant Ida Warf	ield, s	Addr	. Md.	NO.
gave rise cause (a), sta lying cause	, (c)_	art exi	9 -	Selevo	800 -			10-12
HCATIC	OTHER SIGNIFICANT CONDIT						EN IN PART 1(a	PERFORMED
	T WAS UNDERLYING [] TING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY (	OCCURRED.	(Enter nature of injury in	Port I ar Part II	of item 18.)		
Haur a	NJURY Manth, Day, Year i. m. i. m. 19	20d. INJURY OCCURRED While Nat while at wark at wark	20e. PLAC facto	E OF INJURY (Hame, farm ry, street, affice bldg., etc	n, 20f. (City ar	lawn)	(Caun	ty) (Sto
21. I certificative an	y that I attended the d 914/59 Ohro. L.		t death o	, 1941, to 9 accurred at 4 P. D. Lance	M, from the ADDRESS (Street McCus	causes and	d an the do	aw the decear ate stated abo DATE SIGN
PHYSICIAN'S NAME (Type)	Charles	L. BALL	CA	2				
Burial, CREM	AATION, 22b. DATE THEREOF 9/8/59	22c. NAME OF GEN			22d. LOCATION			(State)
	ing and Kirk	Tey, Gien B	urnie		D BY REGISTRAF		trar's SIGNA	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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**EXAMINER: This** 

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/5B

MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18
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09840 CERTIFICATE OF DEATH

(19859) Reg. Dist. No.

PLACE OF DEATH     O. COUNTY	Anne Aru		MARYL	AND 2.	usual residence (Moo. STATE Maryla	Vhere deceased		on: Residence be Anne Ar		
b. CITY OR TOWN (III RURAL ond give ne Annapoli		s, write c. L	ENGTH OF STAY	N 16	c. CITY OR TOWN (IF		ote limits, write R	URAL ond give r	nearest to	wn)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Anne Arundel General Hospital			1	d. STREET ADDRESS  / 19 Calvert St.,				e. IS RESIDENCE ON A FARM? YES NO 10		
NAME OF DECEASED (Type or print)	Firs William	f	Middle	PVI.	TYDINGS	4. DATE OF DEATH	Mon Sep	tember	Day 9	Year 1959
SEX Male	6. COLOR OR RACE	7. MARRIED D			tober 6. ]	1906	9. AGE (In years lost birthday) 52 yrs.	Months Day		
Mech	N (Give kind of work ding life, even if retired)	lane 10b. KIND	OF BUSINESS OR	NDUSTRY	11. BIRTHPLACE (Stote	e ar foreign co		12. CITIZEN	S.	COUNTRY
Edwa	rolf	ydu	ugs		Frank	NAME	07			
S. WAS DECEASED EVER	If yes, give workey dates of	rice)	AL SECURITY NO.	Ess	telle.	Tyde	ugs/9	Call	vei	to
/	TH [Enter only one courth WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	use per line for	(a), be and (c).	el 7	Couls a	Corpeli	it.		NTERVAL I	BETWEEN D DEATH
gove rise to in couse (o), stating t lying couse lost.	nmediote (	Thy	certens	ine	Vaseln	Desi	ne The	Milli	1d	5
PART II. OTH  20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	er significant cont	DITIONS GONT	RIBUTING TO DEA	TH BUT NO	RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART 1(o)	PERF	ORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OC	CURRED. (E	nter nature of injury in	Part I ar Part	Il of item 1B.)			
20c. TIME OF INJURY Hour a. m. p. m.	Y Month, Day, Yea	While	Y OCCURRED  Not while of work	20e. PLACE foctory.	OF INJURY (Home, for street, office bldg., e	rm, 20f. (City	or town)	(Count	(y)	(State
21. I certify the alive an Se	les directly	deceased f	at the second		curred at 6:15	M, from t	the causes an	d an the da	ite state	
PHYSICIAN'S NAME (Type) T	H. Johnson	n //			Annaj	polis,	Md.			
REMOVAL (Specify)	9-15-19	759 2	Lyna.	TERY OR CR	M TORY	22d APCAT	ION (City, town, o	dia)	mit	p(b)
S. FUNERAL DIRECTOR'S	s signature	911-	ADDRESS	m	DATE E			STRAR'S SIGNAT		

CLERTHON TO SPACE fallering hand he had the second of Calcium of Liver \_ Ta Production of the control of the co 1.01 . attended to the second of the second AND THE PERSON OF THE PERSON O

# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 uneral director, may be retained by the haspital ar attending physician. D FUNERAL DIF OR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be stacked for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours ofter death. TO FUNERAL DI page 3 shauld be

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09841

**CERTIFICATE OF DEATH** 

09860 Reg. Dist. No

the state of the s	
1. PLACE OF DEATH o. COUNTY  A  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE b. COUNTY
b. CTTY OR TOWN (If outside corporate limits, write RUPAL and give nearest town) .	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL II not in hospital, give street oddressty OR INSTITUTION Colours  4.	d. STREET ADDRESS  ON A FARM?  YES NO.
3. NAME OF DECEASED (Type or print) Middle Martin L.	When the Sept 28-1959
S SEX   6 COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCED	8 DATE OF BIRTH  9. AGE (In yours   IF UNDER 1 YEAR IF UNDER 24 HRS.    101   Months   Days   Hours   Min.    102   Min.    103   Months   Days   Hours   Min.    103   Months   Days   Min.    104   Min.    105   Min.    106   Min.    107   Min.    108   Min.    108   Min.    109   Min.    109
100-USUA OCCUPATION (Give kind of work done during most of working life, even if retired)  Canter	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME G. Whiler	MARY SMITH
15. WAS DECEASEDEVER ID.U. S. ARMED FORCES? (Yes, no or unknown)  [If Ind. give wor or dotes of service]	irginia Kamer Wheer 2
18. CAUSE OF DEATH [Enter only one cause per Jipe for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Parnulsis Sumolean
Conditions, if any, which ) (b)	
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u>   DUE TO   Column   Column	
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part 1 ar Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the PL While Not while for all work at work at work 19 at work 19	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from 9 20	1957, to 9/38, 1959 that I last saw the deceased
ACTUAL ORONE GODDIA	ADDRESS (Street, city for town, state)  ADDRESS (Street, city for town, state)  DATE SIGNED
PHYSICIAN'S ALBERT L. AWOERSON	44 South GATE AVE 9/24/59
220. BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OF REMOVALY SOCIETY)	OR CREMATORY 12d. ROCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. PEC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE OCT 1'59
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STATE OF THE CONTROL OF T	ATE OF DEATH	CERTIFICA	19840
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mer that is (2)		A SHIP THE PLANS	
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09861

eral

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page

may be retained. The haspital ar attending physician.

TO FUNERAL DIRE A: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be the registrar prior to burial, cremation, ar remayal, and in any event within 72 bouts after death.

TO HOSPITAL OR VS A1S (4) 1SM 9/S8

03000	OLKIII 10.	112 O. DE/111		Reg.	Dist. No.
1. PLACE OF DEATH  o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland		If institution: Residence	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Crownsville	c. LENGTH OF STAY IN 16 11 years 2mo. 26 days	c. CITY OR TOWN (If o		s, write RURAL or	nd give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street CPS WINSVINIE State Hospital	oddress)	d. STREET ADDRESS 181 Winte	r Avenue		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Edna	Middle Augusta	Washington	4. DATE OF DEATH	Month 9	Doy Year 22 19 59
s. sex 6. COLOR OR RACE 7. MARK Female Negro WIDOW		B. DATE OF BIRTH December 11,	1905 9. AGE lost b	(In years IF UNI month yrs.	DER TYEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  COOK	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote		12.0	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
Unknown		Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)		NFORMANT Hospital Recor	ds	Address	
Canditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO  DUE TO  (b)  DUE TO  (c)	Arteriosclero				
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTIONS OF CONTRIBUT					PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in f	Part I or Part II of ite	m 18.)	
Hour o. m While		ACE OF INJURY (Home, farm actory, street, office bldg., etc.	, 20f. (City or town	)	(County) (State
21. I certify that I attended the decease alive an 9/22 , 19 5  ACTUAL SIGNATURE SIGNATURE SIGNATURE ACTUAL	9, and that death	, 19 <b>48</b> , to 9 n occurred at 10:45	M, fram the ca	uses and an or town, stote)	DATE SIGNE
PHYSICIAN'S Hiddegard Heard	Reissman, M. 1	Crownsvill	e State H	ospital,	Md. 9/22/59
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  Burial Sept. 26, 1959  23. FUNERAL DIRECTOR'S SIGNATURE	22c. NAME OF CEMETERY COATED APPLIES Memoral Address 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	orial Park		Balto.C	o. Maryland

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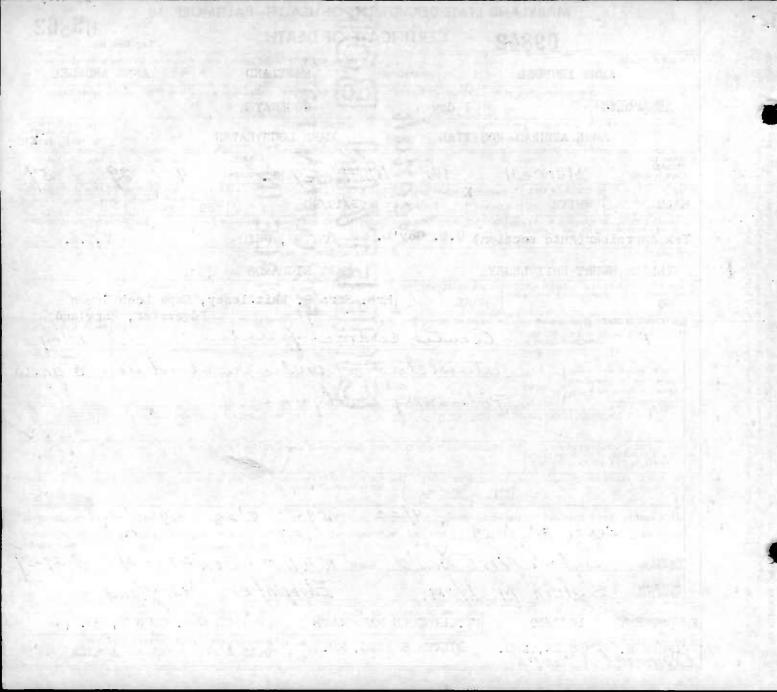
VS A1S (4) 1SM 9/SB

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09842 **CERTIFICATE OF DEATH**  09862

Rea Dist. N

	00010						
1. PLACE OF DEATH o. COUNTY	ANNE ARUNDEL	MARYLAND	2. USUAL RESIDENCE (W. D. STATE MARY			Residence befor	
b. CITY OR TOWN RURAL and ST.	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lin	nits, write RUR/	AL ond give nea	rest lown)
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in haspital, give street ANNE ARUNDEL HO		d. STREET ADDRESS CAPE LO	CH HAVEN			ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Merrell	W. Middle	hittlesey s	4. DATE OF DEATH	Month 9	29 Day	Year 1959
S. SEX MALE	6. COLOR OR RACE 7. MARI		5/19/90	9. AGI lost 69	birthdoy) M	UNDER 1 YEAR	Hours Min.
	TION (Give kind of wark dane 10b. orking life, even if retired) iser (Auto sectio		DAYTON,	-64123			WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
WILLIAM	HENRY WHITTLESEY		MARY RICH	ARDS			
	/ER IN U. S. ARMED FORCES? 16.		nformant s. Sara B. W	hittlesev.	Address Cape 1		zen -
CATIC	immediate g the <u>under-</u> t. (c)  THER SIGNIFICANT CONDITIONS			NO VASEN		IN PART I(a)	9. WAS AUTOPSY PERFORMED? YES NO
	VAS UNDERLYING   20b. DES IG   CAUSE OF DEATH 'Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	n Part I ar Port II af i	tem IB.)		
20c. TIME OF INJU Hour a. m p. m	. While	L.	ACE OF INJURY (Hame, far clory, street, office bldg., e		vn)	(Caunty)	(Stote)
21. I certify alive an  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Sylvia M		n accurred at 12:10  M.D. R.F.D.  Foreign		auses and	an the date	the deceased stated abave. DATE SIGNED
	ION, 22b. DATE THEREOF (y) 10/2/59	22c. NAME OF CEMETERY C		22d. LOCATION (C			(State)
23. FUNERAL DIRECTO	PUMPHREY, INC.	SPILVER SPRI		OCT 2 '59	24b. REGISTR	AR'S SIGNATUR	RE



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0988 JEDICAL EXAMINER'S CERTIFICATE OF DEATH

09863 Reg. Dist. No.

		ANNE AR	UNDEL	MARYLAND	O STATE -				nce before	admission)	
E	. CITY OR TOWN (If and give nearest town	outside corporate limits, writ	e RURAL C. L	ENGTH OF STAY IN 16				RURAL and	give neore	est town)	
					d. STREET ADDRESS	S		renue		IS RESIDENC ON A FARM ES NO	?
1	ECEASED			Middle HOWARD	WILLIAMB	4. DATE OF DEATH			7	Year 19 59	
	Male	Colored	WIDOWED [	DIVORCED [	18 April	1933	9. AGE (In years lost birthday) 26 yrs.	-		UNDER 24 HI	RS.
10a	USUAL OCCUPATION	ON (Give kind of working life, even if retired)	done 10b. KtND (	OF BUSINESS OR INDUST	Washing	gton,	D.C.	12. CITI2	EN OF W	HAT COUNT	277
13.											
	I	Benjamin :	Howard					Series S			
15. [Yes	WAS DECEASED EV	ER IN U. S. ARMED FO (If yes, give war or dates of	RCES? 16. SOCIA	AL SECURITY NO. 17. II	NFORMANT DO FOT DOT/SEN/ NIII	by Wil:	1 48 Rhod	e Isla	and A	venue	
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  ny, which diole couse (b)	Drown						ONSET AP	ID DEATH	
	(o), stoling the couse last.	underlying						K	17.8		
CATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH BUT 1	NOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART	P	WAS AUTOPS' PERFORMED? NO	
	20g. EXTERNAL CAL PRIMARY   or CON CAUSE OF DEATH.	JSE WAS NTRIBUTING   20			inter noture of injury in I	Port I or Port II	of ilem 18.)				
MEDICAL	3 p. m.	× 9/7 191	While of work	Not while fact of work	water Ma	erc.)				(Stote	
				The second second	cide, Homici	de, U	ndetermined o		D	ATE SIGNED	nal
b. CITY OR TOWN If cluside corporate limits, write RURAL and give necess town)  b. CITY OR TOWN If cluside corporate limits, write RURAL and give necess town)  d. ANAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Shore of Beechtwood Park  Shore of Beechtwood Park  IS Rhode Island Avenue  First  Mark OF OFERSED  (Type or print)  Shore of Beechtwood Park  IS Rhode Island Avenue  Town Island  Island Offer Island Avenue  Island Offer Island		0/57									
220			959 A	Arlington	National	Arl	ington,	Va.		(Stote)	
	funeral director arling to		lips 18	ADDRESS 308 N.Monr	0e St. 240. RI	CCD 1 E		STRAR'S SIG			

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09864

CERTIFICATE OF DEATH 09890 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Arundel inne Arunde nne b. CITY OR TOWN (If outside corporate limits, write c, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) en Burnie Glen Burnie d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS OR INSTITUTION YES NO 02 Crain Hwy. #702 Crain Highway. NAME OF DECEASED 4. DATE Middle Yeor 1959 (Type or print) JACKSON WILLIS DEATH September IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years jast birthday) 5. SEX 7. MARRIED NEVER MARRIED Months Days Hours Min. Male White WIDOWED [ DIVORCED T YES. 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Morehead City.N.C. Self- Employed Plumber 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Harriett Gutherie Agustus 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Edna Willis Same As #2 18. CAUSE OF DEATH [Enter only one cause peg line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Veges IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a. m. While Not while at work at work p. m. 21. I certify that I attended the deceased from 19\_\_\_\_that I last saw the deceased alive an and that death occurred at\_ M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Sept. 1959 Glen Haven Cem 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Glen Burnie, Md.

DATE @EP 2 9 59

VS A15 (4) 15M 10/57

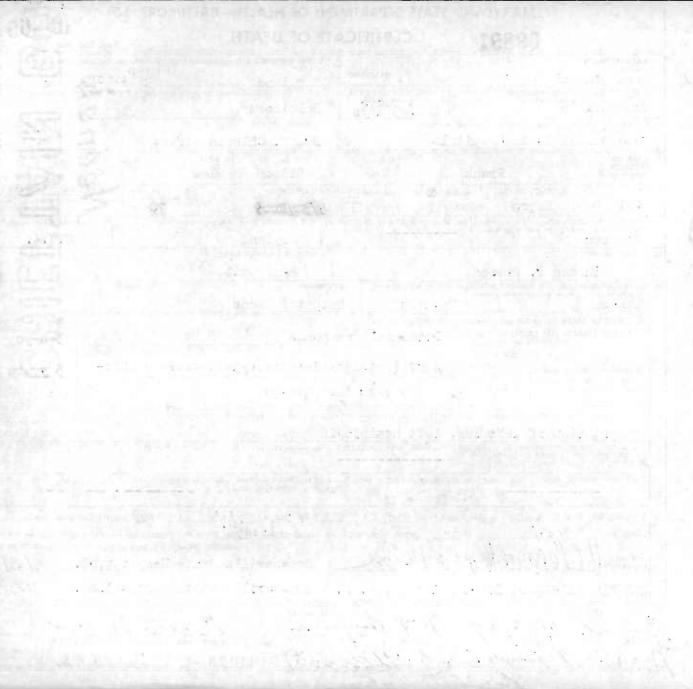
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09891 CERTIFICATE OF DEATH

(19865) Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest town) CROWNSVILLE	c. LENGTH OF STAY IN 16  1mo. 5 days	c. CITY OR TOWN (IF	outside corpore	ote limits, write R		give nearest to	own)			
	d. NAME OF HOSPITAL (If not in hospital, give store in the company of the company	reet address)	d. STREET ADDRESS 804 N. Cal	e. IS I	e. IS RESIDENCE ON A FARM? YES NO						
3.	NAME OF First DECEASED (Type or print) Frank	Middle	Vilson	4. DATE OF DEATH	Mor 9	oth	Day 25	Year 19 59			
S.	38-3 37	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 5/30/1889	9	70 yrs.	Months	1 YEAR IF UN Days Hou				
10	a. USUAL OCCUPATION (Give kind of wark dane during mast of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stor		intry)	12. CITI2	U.S.A				
13	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				-			
	Thomas T. Wilson		Emma Wa	tts							
15	(es, no, or unknown)  Unknown  (If yes, give war or dates of service)		INFORMANT Hospital Reco	rds	Add	ress					
N.C.	18. CAUSE OF DEATH [Enter only one cause property of the cause of the	Bronchial Pn AHCVD(Arteri vascul	osclerotic,Hy ar Disease				5 y 6	ND DEATH LYS  PATS  S AUTOPSY			
CERTIFICATION		eg, left hemiple	~	Port I or Part	II of item 18.)			FORMED? NO			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20 Haur a.m. 19 of		ACE OF INJURY (Hame, far ictory_street, office bldg., et		or town)	(C	County)	(State)			
4	ACTUAL SIGNATURE	259 and that death of Reissman, M. D. 22c, NAME OF CEMETERY C.	on accurred at 11:4  M.D. Crownsvil  Crownsvil  OR CREMATORY	ADDRESS (Street le Stat	eet, city or town,	tal, Md	date state				
Z	y and well phayes	38 N. 91	120	EP 2 8 '59	La Land	STRAR'S SIG					



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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

09866

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY Anne Arundel b. COUNTY MARYLAND Maryland Anne Amindel b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest tawn) Annapolis 12 days Annapolis d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 110 Clay St. Anne Arundel General Hospital YES NO DO NAME OF 4. DATE Middle Manth Year Last DECEASED OF DEATH 28 Annie WIMES September 19 59 (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Manths Days Female Negro DIVORCED | WIDOWED A January 1 10a. USUAL OCCUPATION (Give kind af work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) U.S. Mississippi Social worker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANI 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the undertring cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O DEATHBUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES P NO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (State) factory, street, affice bldg., etc.) Hour a. m While Nat while p. m. at wark at work 21. I certify that I attended the deceased from Sept. 16. 19 59, to Sept. 27, 159, that I last saw the deceased and that death accurred at 3:10AM, from the causes and on the date stated above. DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL 69 Franklin St. PHYSICIAN'S NAME (Type) Joseph C. Sheehan Annapolis, Maryland 22a. BURIAL, CREMATION, 22b. DATE THEREOI 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (State) REMOVAL (Specify) MUVAL Gabriel Cem FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & throng

FUNERAL I page 10 VS A15 (4) 15M 9/58

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem 22 FilmG249 9-28-59 et CERTIFICATE OF DEATH

09844

Reg. Dist. No. 9867

PLACE OF DEATH     O. COUNTY	Anne Arundel		MARYLAN	2. USUAL RESID	Virginia		. If institution b. COUNTY	on: Residen	ce befor	e admiss	ion)
B. CITY OR TOWN RURAL ond give r			oth of stay in 1		OWN (If outside Alexand:		mits, write RI	URAL ond g	give nea	rest town	) V
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in haspital, give	street address)		d. STREET A			ad				IDENCE FARM? NO 2
3. NAME OF DECEASED (Type or print)	First Charle	s Wi	Middle	WOLF		DATE OF DEATH S	Man		Day 20		Year 19 59
5. SEX Male	6. COLOR OR RACE 7.	MARRIED 😿 1	DIVORCED			9. AC	E (In years t birthday) 58 yrs.	Months	1 YEAR Days	Hours	R 24 HRS Min.
Che	ON (Give kind of wark dan rking life, even if retired)	Resta		Wash	ington,	D.C.		12. CITI	ZEN OF	WHATC	OUNTRY
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NAME						
	Charles W. W				Paulin	e King					
15. WAS DECEASEDEV (Yes, no, or unknown) Yes	ER IN U. S. ARMED FORCES		2 1073	Margaret	D. Wolf	f 707	Four		Road	l, Al	lex.,
CATIC	immediate DUE TO  the under (c)  THER SIGNIFICANT CONDIT	C'I	LIO EN LING TO DEATH	testing	THE TERMINAL	emp DISEASE CON	IDITION GIV	90 EN IN PART	4.c	P. WAS PERFO YES	AUTOPSY PMED? NO
	AS UNDERLYING 201 G CAUSE OF DEATH Y MEDICAL EXAMINER)	o. DESCRIBE HO	OW INJURY OCCU	RRED. (Enter noture of	Finjury in Part I	l or Port II of	item 18.)			,,,	
20c. TIME OF INJU Haur o. m. p. m.		20d. INJURY O While No ot wark at	t while_	PLACE OF INJURY (Factory, street, affice	dame, farm, 20 bldg., etc.)	Of. (City or to	wn)	(0	County)		(Stote
ACTUAL SIGNATURE	hat I attended the de	1959 Karle			7.45 M.	from the of RESS (Street, of Md.		d an the		stated	
REMOVAL (Specify Burial	Sept. 25, 19	59 Z2c. N	AME OF CEMETER	Nat/1/oh/a/I/	22d.	LOGATION AF	City towns	y, 'Vi	rgin	(Stot	e)
Cunninghan	r's SIGNATURE 1/Hom	e, Ing.	DORESS SOLL GS	alexandria.	SEP 2	REGISTRAR 4 59		STRAR'S SIC			

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